THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. VII.. PHILADELPHIA, NOVEMBER, 1885. No. 11.

A CLINICAL LECTURE.

REMOVAL OF A UTERINE FIBROMA; ANTEFLEXION; DYSMENORRHŒA; STERILITY; TREATMENT BY RAPID DILATATION.

BY WILLIAM GOODELL, M.D.,
Professor of Gynæcology in the University of Pennsylvania.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: In February last, I removed from this woman a very large multiple fibroid of the womb, and with it a large portion of the womb. This was, of course, a serious operation, and at the same time I removed one ovary. I had to make what is called the "long incision." When the incision does not extend above the umbilicus, it is termed the short incision, but when it passes above this point it is called the long incision. She recovered promptly, but there has remained a fistulous opening. What is the cause of this? During the operation there was free bleeding from numerous vessels which were torn in breaking up the adhesions, and many ligatures were required, and it is probable that one of the ligatures has not become encapsulated. When an animal ligature, as silk or cat-gut, is left in the cavity of the abdomen, it is disposed of in one of two ways. I used silk thread. Little cells are thrown out which insinuate themselves in the meshes of the silk and ultimately lead to its absorption. The other way in which the ligature is disposed of is by the exudation of lymph which encapsulates the thread, just as happens in the case of a bullet, or of a needle under the skin, which may traverse long distances without exciting inflammation. Occasionally neither of these results occur, but the ligature acts as a foreign body and a fistulous tract, leading down to it, remains and continues until the offending body is thrown off. I have seen this occur after ovariotomy.

The best plan to pursue is to advise her to wait and allow this to be thrown off, but if she is in a hurry, I shall insert a sponge tent, and, after dilating the opening, try to hook the ligature out. For the present, I shall order injections of solution of carbolic acid.

I wish you to look at her face. When she first presented herself she had the facies uterina, or the uterine complexion well marked. This has now disappeared. A woman with a fibroid tumor, if she is a brunette will become very dark. If, on the other hand, she is a blonde, instead of becoming dark, she has patches of brown over the face and forehead, the technical term of which is chloasma. Anything that interferes with the womb, as pregnancy, will cause the same pigmentation. The rapidity with which the complexion of this patient cleared up after operation was astonishing. (The patient was now removed.)

The right ovary was removed in this case, and now I find a fluctuating tumor on the left side. It is an interesting question in these cases whether or not we should remove both ovaries. If the womb is removed I think it better to remove both ovaries. In ovariotomy the question also arises whether the remaining ovary should also be removed. If the woman is approaching the change of life, or there is no

chance of her having another child, I should give the inflexible rule to remove the apparently healthy ovary, if it can be done without increasing the danger. If the operation would increase the danger, and the organ appears to be healthy, I should allow it to remain. In my experience the proportion of cases in which disease has developed in the ovary left behind has been one in fifty cases.

Anteflexion; Dysmenorrhœa; Sterility; Rapid Dilatation.—The next case is one of anteflexion with dysmenorrhœa. I wish, in the beginning, to disabuse your mind of one error. Many text-books speak of anteflexion as a pathological condition, and will show many forms of pessaries to be used in anteflexion and anteversion. In the great majority of cases anteflexion is not pathological. You will find in almost every unmarried woman that you examine the womb anteflexed and resting on the bladder, for this is the natural position. The mistake made is this: A girl is overworked or overtaxed at school, and her health begins to fail, and one of the first symptoms of impairment of the nervous system is irritability of the bladder. This is one of the first nervous symptoms. Every one gets it. I have often referred to an illustration which is familiar to you all, and that is that at examination time you find that you are obliged to pass water more frequently than natural. Many a lawyer and many a clergyman is compelled to urinate before entering upon a case or before delivering a sermon. The same thing is seen in the lower animals. When an animal is greatly frightened the first thing it does is to empty the bladder. A nervous bladder is, as I have said, one of the earliest phenomena of nervousness. When a woman, who has been overworked, comes to the physician complaining of bearing-down feelings, back-ache, and other nervous symptoms, and he finds the fundus resting on the bladder, he at once jumps to the conclusion that the trouble is due to anteflexion or anteversion, and thinks that he must use a pessary to overcome the difficulty. There is no anteflexion pessary which accomplishes its object which does not press on the bladder on at least two places. Granting that such a pessary is the one to be used, few women can stand it. Anteflexion, however, as I have said, is not a pathological condition in the majority of instances, and the vesical symptoms are not due to the pressure of the fundus of the uterus, but to a nervous bladder. There are exceptions to this rule. A fibroma may cause the womb to press on the bladder, or it may cause pressure on the bladder in front and on the rectum behind. Fortunately, the rectum rarely suffers from pressure on account of the protection afforded by the promontory of the sacrum.

If anteflexion is the normal condition, what is the necessity of doing any operation in this case? We do it for the relief of the dysmenorrhœa. If a woman who has not borne children complains of painful menstruation, it is in the great majority of cases due to anteflexion. This patient is twenty years old, has been married four years, and is sterile, and suffers greatly from dysmenorrhœa. The phenomena of a typical case of this kind is as follows: When menstruation begins, a few drops appear with a great deal of pain; the pain increases in severity until it reaches its acme, then there is a sudden gush of menstrual fluid with a temporary relief of pain. Gradually the pain again increases until it culminates with another expulsion. The meaning of this is that the bend in the neck of the womb prevents the menstrual fluid from escaping, and it collects in the cavity until the swelling causes the bend to straighten, and the menstrual fluid rushes out. There is then relief until the fluid again collects. This is stenosis from angulation. This is a condition which needs not a stem pessary or other kind of anteflexion or anteversion pessary, but dilatation.

The operation in vogue a number of years ago, was the cutting or bloody operation. I shall not burden you with the details of this operation, for, thank God, it has fallen into disuse. It is an operation which has caused the death of many patients. By it, the stenosis was overcome by incision. The objections to this plan are, in the first place, the danger which attends it. Many cases have died from it, and one physician in New York states that he knows of thirteen unreported cases. In the second place, it is not successful. In the majority of cases, the parts heal up and the dysmenorrhœa returns. In the third place, it deforms the cervix. The neck of the womb is cut through, and this sometimes is as objectionable as a natural laceration produced in labor.

The operation of forcible dilatation I have performed two hundred and eleven times for dysmenorrhœa and sterility. Including the

cases in which the operation has been done for the purpose of exploring the cavity of the womb, I have done it over three hundred times. In these two hundred and eleven cases, I have never had peritonitis which caused any alarm. I have had soreness lasting for two or three days. If there is a fibroid tumor in the wall of the womb, it is well to be careful about dilating, for such a womb is a vulnerable womb and resents any injury. Some time ago, a patient was brought to me suffering excessively from dysmenorrhœa. At such times she was unable to pass water on account of the agonizing pain. This was, of course, reflex. She was compelled to take large quantities of morphia. I dilated the neck of the womb very successfully, but for ten or twelve days she suffered from uterine colic. There was no elevation of temperature, no tympanites, and no tenderness except over the womb, and I felt no alarm in regard to the case. My rule is to keep the patient in bed for two days. I used to occasionally perform the operation at my house and send the patient home in a carriage, and I have done it at the hospital and let the patient go home. My rule now is to give ether, and after the operation put the patient to bed and administer opium suppositories as may be needed. Usually two are enough.

In performing the operation I used an ordinary bivalve speculum to bring the cervix into view. Here we have an exceedingly small pin-hole os. A strong tenaculum is required to hold the cervix. To perform the operation to the best advantage two dilators are required, although one will answer most purposes. I begin with this small modified Ellinger's dilator, and catching hold of the cervix with a tenaculum, dilate the canal sufficiently to admit the second instrument. These dilators should be provided with shoulders to prevent their slipping into the uterus too far, and thus run the risk of tearing the fundus of the womb when the blades are expanded. Before introducing any instrument into the cavity of the uterus, I syringe the vagina with a solution of carbolic acid or permanganate of potassium. Having prepared the way with the smaller instruments, I now use this stronger dilator, which is made on the same principle as the Ellinger instrument, except that it is heavier. The blades have grooves cut in their outer surface to prevent slipping, and broad shoulders are placed at a scant two inches from the extremity.

This is a rough operation, and, it might be asked: Is there not danger of tearing the cervix? I have had this accident take place twice, and in both cases it was produced by the sudden slipping out of the instrument. In one of the cases the os was very brittle from the long continued use of nitrate of silver. In the second case the tear was about half an inch long, but no symptoms resulted from it.

This is a very successful operation. The patient may have pain at the next menstruation, because the parts may not have fully recovered from the rough usage to which they have been subjected, but at the second period I expect great relief. We shall instruct this patient to report to us if pregnancy occurs.

A girl may have anteflexion with somewhat painful menstruation. She marries and the dysmenorrhœa goes on increasing. Why? Because nature intended that a woman should become pregnant, and the sexual relations are of such a character that if pregnancy does not take place, hypertrophy of the parts occurs. The same thing is seen in unmarried women; the dysmenorrhœa increases as the person grows older, because menstruation does not cease. Nature intended that these periodical congestions of the womb should be interrupted by pregnancy and lactation. If this does not occur there is hypertrophy of the mucous membrane of the uterus. If to the menstrual congestions be added the congestion from sexual intercourse, this hypertrophy is greatly increased. The thickening of the mucous membrane of the canal prevents the free escape of the fluid, and in the efforts to force this out the muscular tissue of the uterus becomes hypertrophied.

This is an operation which I can recommend. In a great majority of cases it will cure the patient, and almost always do a great deal of good. This cervix seems to be tough, but the hardest ones to dilate are those which give the most successful results. If the womb is elastic and does not offer much resistance, the benefit is usually not so great. I have now dilated this canal to the width of one and one-quarter inches. I usually allow the instrument to remain for ten or fifteen minutes or until the patient begins to manifest pain.

A suppository containing one grain of the aqueous extract of opium was introduced just before beginning the operation. In two hours, if she suffers much pain, a second one will be

introduced. And they will then be repeated every three, four, or five hours, *pro re natâ*. If there should be much tenderness to-morrow, a poultice will be applied to the abdomen. The vagina will be syringed with a solution of carbolic acid, and if there is no complication she will return to her home in forty-eight hours.

As I have intimated, I use the dilator for dilating the cervix for the purpose of exploration in cases of hemorrhage. I consider it much safer than the use of sponge-tents. When a patient comes with hemorrhage, and you are sure that there is something in the cavity of the womb, the books will tell you to insert a sponge-tent. I should prefer to put the woman under ether, and rapidly dilate with this instrument. In such cases, we may dilate to the extent of an inch and a half, for usually the patient has borne children, and the parts are elastic from the bleeding. You can then usually insert the finger, but sometimes this cannot be done. I then pass in the fenestrated polypus forceps, and see if I can catch hold of anything. In this way it is often possible for one to catch hold of a polypus without one's knowing that the womb contained a foreign body.

I have said that in dysmenorrhœa this operation will usually effect a cure, but if the operation is done for sterility, you cannot promise to relieve the difficulty. The reason of this is, that a woman who comes on account of sterility has usually been married a number of years, has taken all kinds of remedies, and used all sorts of injections, and the organic changes which have been referred to have developed. There has been hypertrophy of all the tissues of the womb, not only of the muscular structure, but also of the mucous membrane and glands, so that it is no longer a fertile soil. While this operation is successful for dysmenorrhœa, and is more successful for sterility than any other that I know of, yet it is not always successful on account of the organic changes which have taken place.

Not infrequently the sterility is dependent upon the husband, who may have had an orchitis or epididymitis as a result of gonorrhœa. Although the secretions may appear to be normal yet they may not contain a single spermatozoon. I remember one case in which I cut the cervix, then dilated it a number of times, and had the woman under treatment for a couple of years. She was most anxious to have children, and there are two great anxieties in married women, and strange to say they are exactly opposite. One will go through everything, risking her life and even her soul trying to avoid having children, while another will do everything she can to have children, and indeed will go insane if she does not become pregnant. As I have said, I did a variety of things in this case, but all without benefit. Finally, it struck me that the fault might lie with the husband. An examination of the semen showed that it did not contain a single spermatozoon.

ORIGINAL COMMUNICATIONS.

HINTS IN MICROSCOPICO-HISTOLOGICAL TECHNOLOGY

FOR THE STUDENT IN NERVOUS DISEASES.

BY DR. EDWARD C. MANN, NEW YORK.

THERE has been so much done and written by my friend Dr. Thomas E. Satterthwaite, of this city, on this subject, that I shall only give a few general hints, referring the general practitioner to Dr. Satterthwaite's excellent treatise on histology, and to Frey's work on the microscope and microscopic technology. The student generally uses too strong solutions of alcohol for hardening the brain. If a freshly removed brain be put successively into a sixty, seventy, eighty, ninety per cent., and finally to remain in a ninety five per cent. solution of alcohol, the effect upon the tissues of this gradual hardening will be vastly superior to the rapid hardening and shrinking produced by the careless method of at once immersing nerve tissues in absolute alcohol. Time, patience, perseverance, and skill, which will come by practice, will enable most persons to become fairly adept in microscopic technology. In using the microscope a large, steady table should be used, and the student should sit with the light coming in over his shoulder. Work by gaslight is to be deprecated. The technicalities of microscopic work are soon learned, and practice makes perfect, and a few fairly good preparations will, with most, be the incentive to further investigations in microscopy. Something besides the procuring a microscope is necessary in order to use it. The physician must familiarize himself with the entire *technique* of microscopy, and in place, as we have known some to do, of procuring the volumi-

nous literature of the microscope and confusing his mind with the varied directions of authors, each of whom has his pet method of procedure, we advise him to buy Beale and Frey, and put himself under the direction of an experienced microscopist at first, until he is able to stand alone. After this, let him buy as many books on the microscope as he wishes. Another caution I would give is this, avoid the use of high powers at first, until with a weak objective the student understands the structural relation of the part he is studying. Definition is best with low power. My test for a good definition of an objective is the P. Angulatum, which a good one-quarter inch objective should resolve perfectly with oblique light. Cheap and good objectives are hard to get. It is easy to get good high-priced objectives. It is claimed that Spencer's professional series of cheap objectives do good work, but I cannot speak from any personal experience of them. By good definition, I mean a clear, sharp image, like the sharpness of a fine proof engraving, which is very different from the diminished distinctness of a poor one. The student wants a good, firm microscope stand, such as Beck, Hartnack, Nachet, Grunow, or Zentmayer make, and at at least two first-class achromatic objectives, which he should by all means get some friend who is a practised microscopist to obtain for him, as he will otherwise be very apt to get an indifferent lens. Personally we prefer the lenses made by William Wales, Grunow, Gaudlach, and Smith & Beck, although there are very good English and American objectives.

The use of weak eye-pieces and a field not brightly illuminated give the best results, together with a low power objective at the commencement of any given examination. These points are all simple, but are important to the student in microscopic technology. Another caution for the student, which may save him some good lenses and preparation is to first get the coarse adjustment by screwing down the microscope tube in its sheath, until the end of the objective is seen to almost touch the cone-glass of the preparation. Then, applying the eye to the eye-piece, slowly screw the tube up until the coarse adjustment is obtained, and then obtain the fine adjustment by the screw head which is placed for the purpose. This is much better than focusing down to the microscopic preparation as many students do, to the great risk both of their objectives (if of high power), and also of any fine preparation they are examining. To make very thin sections from either fresh or from artificially hardened tissues, the *Le Coultre* razor is the most serviceable instrument, and much better than most "section cutters." The best test of a fine section is the ease with which it floats in a glass of water. Those sections which sink are too thick for mounting as a rule. Specimens to be examined under the microscope may be hardened in alcohol, mullein fluid, solution of one or two per cent. of bichromate of ammonia, and left for at least two weeks; or in chromic acid one to six hundred, and left five to eight days; or in bichromat. of pot. one to two per cent. two to four weeks; also in Clarke's and Beale's mixtures.

For imbedding delicate substances, equal parts of pure white wax and olive oil melted together and kept in the thin metallic covers of wine corks, for this purpose, is excellent. When imbedding, this or a paper case should be used, somewhat larger than the specimen, and the melted wax poured in, and the substance (when the wax commences to solidify at the sides of the case) should be dropped in with a needle beneath the liquid, so as to be covered by it. When the wax is cool put in alcohol.

Staining.—To stain with a weak solution of carmine, we take thirty grains of this substance and rub up with a few drops of distilled water. Then add liquor ammonia fort. ten fluid drachms, and distilled water fifteen ounces. Mix with a glass rod and filter. Keep in stoppered bottle. In staining, take one drop of the above and add to it twelve drops of distilled water, and leave sections which are to be stained from sixteen to twenty-four hours. To stain rapidly, the section may be placed in the above strong solution without the addition of water. In this case the strong solution should be exposed to the air long enough to let the excess of ammonia escape. Accordingly, keep two bottles, one for rapid and the other for gradual staining. The time for rapid staining varies from thirty seconds to five minutes. The sections when removed from the staining solution must be washed in water containing one-quarter per cent. of acetic acid. The student is referred to page 150, of Frey, "On the Microscope," for full details as to methods of staining.

The carmine fluid, the Fuchsin, Thiersch's indigo-carmine solution, hæmatoxylin so-

lution, the double staining method with carmine and picric acid, osmic acid solution of one-quarter to one per cent., and the various metallic impregnations are all good. Satterthwaite, J. W. S. Arnold, Gerlach, Thiersch, Beale, Schultze, Cohnheim, Kölliker, Frey, and Tuke have all done beautiful work in microscopic histology, and there is yet much remaining to be done in this most fascinating field of research, especially in the nervous system.

Preservation and Mounting of Specimens.—We have glycerine, Canada balsam, copal varnish, and dammar. The latter I prefer for permanency. After staining and washing the preparation we wish to mount, first place it in absolute alcohol for fifteen minutes. This expels the water. From the alcohol transfer to oil of cloves or turpentine, the superfluous alcohol being first removed by blotting paper. In the oil of cloves the section becomes transparent in a few seconds. Remove the superfluous oil by blotting paper and the section is then ready. In order to make more secure we place a layer of varnish round the edge of the covering glass a few days after mounting. To make dammar varnish we take gum dammar in powder one-half ounce and dissolve in turpentine one and a half ounce; filter. Then take gum mastic one-half ounce, and dissolve in chloroform two ounces, and filter. Mix the two filtered solutions and again filter, and we have resulting dammar varnish for mounting microscopic preparations. To render sections of spinal cord and nerves beautifully transparent, use a mixture of acetic acid and glycerine, one to three. To render embryonic tissues transparent and hard, use ten drops of solution of caustic soda to each ounce of alcohol. By means of a one per cent, solution of chloride of gold, I have rendered visible the finest primitive nerve fibres of the cornea, and shown their distribution and termination in the epithelium of the cornea. I have also been fortunate not only in making sections, but also in successfully photographing sections of the retina, showing perfectly, first, layer of rods and cones; second, the external granular layer; third, the inter-granular layer; fourth, the internal granular layer; fifth, the fine granular layer; sixth, layer of ganglion cells; seventh, expansion of the optic nerve fibres; ninth, their insertion into the inner limiting membrane, which is, tenth, the membrane limitans interna.

FAITH CURE.

BY W. C. CAHALL, M.D.

FAITH CURE has been well named, for it is the faith which cures and not the object upon which the faith is reposed. Neither does it appear important what the object of the faith is. It is only necessary that the patient shall have implicit confidence in its power and willingness to be healed.

Within the last few years this new treatment has secured no little notice on the part of the public by means of articles in the press and through the agency of the increased number of disciples. The tenets and doctrines of the advocates of this method of cure are so palpably absurd that it may strike many of the readers as unworthy of a serious consideration. But not so, for while scientific physicians need have no fear of all their patients being cured by their new rival, so that "there shall no longer be sickness throughout the earth," still there is enough truth in the matter to keep breath in its little body.

Faith cure is not of recent birth, but has cropped out in one form or another in all times and among all people. Mind cure is the latest modification of this same old principle of belief. Under whatever type or name it may appear, hope, belief, imagination, are the active principles of cure. Among the most noteworthy of its phases which have become historical, are the royal touch for the cure of scrofula, or king's evil, and the miracle cures, by means of relics or sacred objects.

There can be no doubt that the mind is capable of powerfully influencing the cure of scrofula, for the old historians tell us that the royal touch, originated by Edward the Confessor, and which continued down to the reign of Queen Anne, was practised with astonishing success.

To show how universal was the belief in the efficacy of the royal touch, it is but necessary to mention the fact that Edward II. touched in one year 100,000 persons, who came to him from all parts of Great Britain.

The French kings also touched for the evil, the practice being traced back to Clovis, 481 A.D. On Easter Sunday, 1686, King Louis XIV. is said to have touched 1600 persons, using the words, *Le roy te touche, Dieu te guérisse.* Richard Wiseman, who was surgeon to Charles II. says, that "His Majesty cured

more persons of scrofula in one year, than all the chirurgeons of London in an age." It is possible that had iodine and its compounds been known in his day, Wiseman would not have been obliged to make this humiliating confession.

As to the reality of the so-called miraculous cures in post-apostolic days, they come too well attested to leave room for any doubt.

The writer, though a devout believer in a Divine Providence, holds that mind and not spirit is the active agent, and expects to show in this paper, that all these cures, attributed to spiritual agencies, have been or can be duplicated by means and methods clearly and demonstrably mental. As a familiar instance of the effect of pure imagination upon involuntary physiological processes, I would cite the cases of disappearance of warts after resort to charms.

Here, as after the imposition of the royal fingers or sacred relics, it has been noticed that the success of the treatment is proportionate to the expectation of the candidate.

"It is now amongst the established truths of mental physiology that ideas may become realities, without the coöperation of the consciousness; and that whether they originate spontaneously or not, a physiological or pathological change suggested to the mind of an individual may take place really and actually, without the coöperation of any other agent than the suggestion itself. . . . . The stimulus to the nervous system of hope and desire, and through the nervous system to all the vital processes is often very powerful, and always more or less efficient, so that not unfrequently the most incurable diseases seem to derive and sometimes do derive benefit from remedies taken with hope or expectation of benefit. To misunderstand the nature of this stimulus, and esteem it as something immaterial, is a common fallacy. So far from this being true, it is as material as any of the stimuli received by the system. Nor is it apparently limited to the nervous system; the blood itself, as to its constituents and vital forces, is probably influenced directly and immediately, as well as the organized tissues and the viscera." (Laycock on Medical Observation.)

The influence of expectant attention on muscular movements and upon processes of nutrition and secretion, has been noticed by Dr. Holland in his "Chapters on Mental Physiology," and more elaborately considered by Dr. Carpenter. It has been found that muscular movements, ordinarily considered involuntary, may be easily induced in persons of peculiar susceptibility, where the mind can be strongly impressed with the idea that certain movements will positively take place. On the other hand, purely voluntary movements are disturbed or interfered with by a morbid fear or dread being persistently entertained by the mind that such muscular actions will become uncontrollable.

Much the same effect is found to be true in relation to nutrition and secretion. The secretion of organs and their organic processes of nutrition are materially modified by simple expectation of the change.

The half imaginary and half real ailments of the hypochondriac and hysterical sufferer result from concentration of the mind on the part, and the success of the systems of faith cure or mind cure is due to the fact that the majority of applicants for treatment are mainly drawn from these classes of sufferers. It is a fortunate circumstance that the same susceptibility of mind which in the first place induced the disease, can, if properly directed, be made to allure it away, and this without the consciousness of the individual as to the important part he himself plays in the treatment.

It is only necessary that the applicant shall have implicit confidence in the treatment he is to undergo, but woe to the director of any treatment, however scientific, in this class of diseases, who is not in possession of this confidence, for his days will be filled with disappointment and chagrin.

Hypnotism, or mesmerism, is not, as is popularly supposed, due to the subjugation of the will of one individual to that of another, but to this same principle of suggestion during a state of mental abstraction. Not every one can be hypnotized, but only those of peculiar mental susceptibility. The mesmerizer possesses no especial power over these subjects, except so far as he is able to make them believe he has the power; his part in the performance being to place the subject in the best possible condition for abstraction, and the remainder is accomplished by the mind of the ready subject. When the abstraction becomes profound the faculties become dormant, and the whole mind seems to be alive upon only one point, that of expectant attention, and whatever suggestion the

keenly alert senses convey to the mind appears to dominate and control the whole being.

When in this hypnotized state the muscular power of the subject is brought out by a leading suggestion, the result is often astonishing; weak, miserably developed persons perform feats of strength almost incredible—feats so incredible, indeed, that the subject in his normal state of mind would be likely to consider the request that of an insane person, should one ask him to repeat them. Yet they could be repeated as easily as in the hypnotized state, could he only have the same unreasoning, dauntless belief, for his muscles possess no power or contractile force in one condition that they do not possess in the other.

The explanation given for this apparent difference is, that in our ordinary uses of the muscles we call into our service only a portion of the muscular fibres, but when, under other circumstances, the whole mind is concentrated upon the act, the nervous stimulus to the muscles is greatly increased, and the result astonishing.

Just here do we find a reasonable explanation of those remarkable cases of sudden cures of long-standing paralyses. A weak, "nervous" woman, finds, without accident or other organic cause, that she has become at last *what she has long feared might happen*—stricken with paralysis.

Resorts to ordinary medication, in the hopeless frame of mind into which she is sure now to have lapsed, are vain and fruitless.

Five, ten, twenty years, this poor woman may lie bedridden, all hope of ever using the palsied limbs again despaired of alike by herself and friends, until, by accident or intercession of friends, she falls into the hands of some religious enthusiast, who, by his serene confidence in the efficacy of prayer, abstracts her mind from all other thoughts, and renders her fit to receive part of his belief.

He tells her to arise and walk, and, if she has faith enough, she walks, a living witness in the eyes of many friends of a miracle worked by faith.

All this while she could not walk simply because she never before *believed* she could walk. In the ordinary condition of body and mind there was not enough will thrown into the nerves and muscles to perform the act, and not until induced to believe in a supernatural aid could her mind furnish the nervous stimulus to call the muscles into sufficient contraction.

Mr. Braid's experiments prove that nutrition and secretion may be greatly altered by fixing the attention of the hypnotized subject upon particular organs.

He "has brought back an abundant flow of milk to the breasts of a female who was leaving off nursing from deficiency of milk, after which the supply was abundant for nine months; and in another instance he induced the catamenial flow on several successive occasions, when the usual time of its appearance had passed." "A female relative of Mr. Braid's was the subject of a severe rheumatic fever, during the course of which the left eye became seriously implicated, so that, after the inflammatory action had passed away, there was an opacity over more than one-half the cornea, which not only prevented distinct vision, but occasioned an annoying disfigurement. Having placed herself under Mr. Braid's hypnotic treatment for the relief of violent pain in her arm and shoulder, she found, to the surprise alike of herself and Mr. Braid, that her sight had begun to improve very perceptibly. The operation was, therefore, continued daily, and in a very short time the cornea became so transparent that close inspection was required to detect any remains of the opacity."

A case of interest recently occurred in Nancy, France:—

Elise N—, 39 years old, had been suffering since the age of fifteen from attacks of hysterical epilepsy, which recurred from three to five times a month. Mr. Focachon subjected her to mesmerization, and by means of simple passes caused the attacks to become less frequent, and finally to disappear altogether. Subsequently, Elise complained of a pain in her side. Mr. Focachon decided to make her imagine that in order to cure her a plaster was to be applied.

"A plaster will be applied to the spot where the pain is," said Focachon. "Do not touch it. It will burn you a little, and produce blisters, but to-morrow you will feel no more pain there." In reality nothing whatever was applied, notwithstanding, on the following day, on the spot where the plaster was said to be applied, there was to be seen a thick blister, full of matter, and the pain had disappeared.

If it were considered necessary, case after case could be recounted of cures by like processes both in the hypnotic state, and in that allied condition of nervous susceptibility—exalted imagination, and faith. I will just add

a brief notice of the remarkable case of Louise Lateau, as illustrating further the influence of the mind over the body, although here a pathological condition is produced rather than relieved by the action of the mind.

Louise Lateau was a Belgian peasant girl, who, while in a precarious condition during a protracted sickness, became rapidly convalescent after the administration of the sacrament. She appeared to have been greatly impressed by this coincidence, and her mind led to the constant contemplation of the tragedy of the Passion which the sacrament suggested.

Shortly she discovered that upon every Friday a spot on her left side would discharge blood. "In the course of a few months similar bleeding spots established themselves on the front and back of each hand, and on the upper surface of each foot, while a circle of small spots formed in the forehead, and the hemorrhage from these recurred every Friday, sometimes to a considerable amount. About the same time fits of ecstacy began to occur, commencing every Friday between eight and nine in the morning, and ending about six in the evening." While in this state she described herself as witnessing the several scenes of the crucifixion of Christ.

As might be supposed, many in Belgium believed the entire matter miraculous, but such visions are too frequently seen, and their causes too well known to allow us to attribute any supernatural agency in their production. As for the bleeding spots, Dr. Tuke, in his work on "The Influence of the Mind upon the Body in Health and Disease," has clearly shown that under powerful emotional excitement blood escapes through the perspiratory ducts, due to the rupture of the delicate capillary vessels of the skin.

After a study of these cases, Dr. Tuke is led to the following conclusions:—

1. "Thought strongly directed to any part tends to increase its vascularity, and consequently its sensibility. Associated with a powerful emotion, these effects are more strikingly shown, and when not directed to any special part, an excited, emotional condition induces a general sensitiveness to impressions—an intolerance of noise, for example, or cutaneous irritation.

2. "Thought strongly directed away from any part, especially when this is occasioned by emotion, lessens its sensibility. The activity of the cerebral functions during deep intellectual operations, exclude consciousness of impressions made upon the sensory nerves generally, and an absorbing emotion effectually produces the same result.

3. "The emotions may cause sensations, either by directly exciting the sensory ganglia and the central extremities of the nerves of sensation, or by inducing vascular changes in a certain part of the body, which changes excite the sensitive nerves at their peripheral terminations.

4. "There is no sensation, whether general or special, excited by agents acting upon the body from without, which cannot be excited also from within by cerebral changes (including those associated with emotional excitement) affecting the sensory ganglia."

While not so thoroughly understood and practised as it should, the proper method of curing cases of this nature is no new discovery. Wise physicians constantly meet and recognize this class of patients, and treat them accordingly, as, witness the phrases, "Diseases of the Imagination," and "Cure by Suggestion," which are frequently met with in medical writings on nervous diseases. The medical man recognizes that if the imagination is powerful enough to produce these diseases, the imagination is powerful enough to remove them, and, acting upon this chain of reasoning, he uses the imagination by prescribing a placebo or a regimen which, inert or impotent of itself, taken or pursued with the necessary faith, is usually followed by a satisfactory result.

So when Paul wrote those words, "For through faith are ye saved," he pronounced what could, in a strictly scientific sense, be applied to many a restored sick one, the physician meanwhile wisely keeping his own counsel.

SEVERE INJURY TO A PHYSICIAN, CAUSED BY THE BREAKING OF A HYPODERMIC SYRINGE CONTAINING CARBOLIC ACID.

BY P. McCAHEY, M.D.

ACCIDENTS from the use of carbolic acid, or from the breaking of various surgical instruments are not uncommon, but the following case, which occurred in this city on October 14th, is believed to be so unusual as to justify its being placed on record:—

Dr. John V. Shoemaker, editor of THE MEDICAL BULLETIN, had tapped an old hydrocele

on that day, and after withdrawing its contents proceeded to inject half a drachm of pure carbolic acid into the sac. The hypodermic syringe which he used for that purpose was apparently in good order, but as soon as he attempted to force the carbolic acid out, the needle broke off at the point of its attachment to the barrel of the syringe. The acid streamed out under the pressure which had been exerted on the piston, and, striking against the end of the broken needle, was deflected upwards in the form of a fine spray, which covered the Doctor's forehead and cheeks and entered his right eye. Suffering from intense pain and almost blinded, he walked up stairs to the bath-room, bathed his face with cold water, and then, supported by an assistant, walked to the office of Dr. George Strawbridge, 1500 Walnut Street.

Dr. Strawbridge, recognizing the possible gravity of the case, instilled a few drops of a solution of atropia into the affected eye, to prevent iritic adhesions or other complications, and then, with the assistance of Mr. Louis Genois, covered the Doctor's face with a thick layer of bicarbonate of soda, which was constantly kept moist by means of wet sponges. After the pain and facial inflammation had been somewhat lessened by this dressing, Dr. Strawbridge made another examination of the eye, and found that with the exception of a slight corneal abrasion, the force of the carbolic acid had been spent on the conjunctiva, and that the deeper structures of the eye had escaped injury. He then instilled a few more drops of the atropia solution, and ordered the ointment of the oxide of zinc to be applied to the eyelids, and later on directed a solution of borax to be dropped into the eye every hour. He also ordered the patient to apply cold, wet compresses to his face, and to remain in a dark room until the violence of the conjunctivitis had abated. Dr. Shoemaker was then taken home in a carriage, though still suffering a great deal of pain.

The inflammation was so intense that the wet cloths which were applied to his face became dry in about two minutes, but by carefully carrying out the treatment instituted by Dr. Strawbridge it abated considerably, and the patient slept a little towards morning. Marked improvement was noticeable when Dr. Strawbridge called on the following day, and the pain disappeared altogether on the third day. The patient remained in the dark room until the fifth day, when, owing to Dr. Strawbridge's kind and assiduous attention, he was enabled to come down stairs and receive the congratulations of his friends. His right conjunctiva was then still very red and somewhat swollen, and his face presented the marks of what might have been a frightful injury, but he was free from pain and able to see very well. On the eighth day after the injury he was in his office receiving patients as usual.

Dr. E. S. Gans, who was assisting Dr. Shoemaker at the time of the accident, was also burnt about the face, but fortunately none of the flying acid entered his eyes. He is inclined to attribute his escape in this respect to the fact that he saw the fine spray rising and instantly closed his eyes.

345 North Eighteenth Street, Phila., Pa.

THERAPEUTIC NOTES.

PNEUMONIA.

Professor N. S. Davis says that one prompt and decisive bleeding in the first stage of sthenic pneumonia, to be followed by such cardiac sedatives as will lessen the force and frequency of the heart's action, is the most effective method of relieving the vascular fulness and lessening the amount of subsequent exudation, and has been followed by the highest ratio of recoveries.

In the same stage of cases occurring in patients whose blood is diminished in plasticity and vessels relaxed from malarious influences, three to five grains of quinine, given every two or three hours in alternation with a cardiac sedative or alterative will often as effectually relieve the vascular fulness as venesection will in the purely sthenic cases.

In those cases, however, which occur in patients who live under bad sanitary conditions, and in whom the disease assumes a typhoid type, bleeding is seldom borne without injury, and quinia frequently fails to produce the desired effect. When Dr. Davis is called to a case of this class within twenty-four hours after the initial chill, he generally orders—

℞. Tinct. aconiti rad. . . . ℥j.
Tinct. opii camph. . . . ℥ij.
Liq. ammonii acetatis . . ℥ij.
M. Sig.—One teaspoonful every four hours.

The patient is also directed to take one of the following powders every three hours:—

℞. Pulv. sanguinariæ . . gr. iij.
Hydrarg. chlor. mite . gr. vj.
Quinia sulphatis . . . gr. xviij.
Pulv. glycyrrhiza . . gr. vj.
M. Ft. charta No. vi.

Benefit will also be derived from the application of a flaxseed poultice to the affected side of the chest.

After exudation has taken place, all depletive or depressive measures are unnecessary and injurious. The aim now should be to promote resolution, and prevent either purulent or caseous degeneration. For this purpose, Dr. Davis knows of no better alterant, anodyne, and expectorant combination, than—

℞. Ammonii chloridi . . ʒiij.
Antimonii et potasii tart. . gr. ij.
Morphia sulphatis . . gr. iij.
Syr. glycyrrhiza . . . ʒiv.
M. Sig.—One teaspoonful in water every three hours. From eight to ten grains of quinine should be given also in divided doses every day.

If symptoms of heart-failure develop, Dr. Davis directs a blister to be placed over the affected side, and substitutes the following formulæ for those previously given:—

℞. Ammonii carb. . . . ʒij.
Tinct. digitalis . . . ʒj.
Tinct. opii camph. . . . ʒj.
Liq. ammonii acetatis . . ʒij.
M. Sig.—One teaspoonful every three hours.

℞. Potassii chloratis . . . ʒiiss.
Pulv. acacia . . . . ʒss.
Aqua . . . . . ʒviij.
M. Sig.—One teaspoonful every four hours.

The patient is also directed to take a tablespoonful of milk and a tablespoonful of strong coffee every two hours.

ASTHMA.

Professor Bartholow frequently prescribes—

℞. Vini ipecac. . . . . ʒj.
Tinct. sanguinariæ . . ʒiss.
Tinct. lobelia . . . . ʒiss.
Syr. zingiberi . . . . ʒj.
M. Sig.—One teaspoonful every two hours.

DILATATION OF THE HEART.

Professor Da Costa recommends—

℞. Pulv. digitalis . . . gr. iv.
Strychnia sulphatis . . gr. ¼.
Ext. belladonnæ . . gr. ij.
Ferri sulphatis . . . gr. xvj.
M. Ft. pilulæ No. xvi.
Sig.—One pill after meals.

CHRONIC BRONCHITIS.

℞. Tinct. benzoini comp. . . ʒviij.
Tinct. opii camph. . . ʒiv.
Syr. scillæ comp. . . . ʒvj.
Syr. tolu . . . . ʒvj.
M. Sig.—A dessertspoonful every four hours.

RHEUMATIC IRITIS.

Dr. C. J. Lundy (The Physician and Surgeon) relates several cases of iritis in which the history and symptoms pointed to rheumatism as the exciting cause. Large doses of salicylate of sodium or salicylic acid were administered, and the iritis and the rheumatism disappeared simultaneously.

WHOOPING-COUGH.

℞. Tinct. belladonnæ . . ♏xvj.
Syr. ipecac. . . . ʒss.
Aluminis . . . . ʒj.
Syr. pruni virginianæ . . ʒij.
M. Sig.—One teaspoonful in water every three hours.

CHLOROSIS.

℞. Strychnia sulphatis . . gr. ss.
Liq. potassii arsenitis . . ʒiss.
Tinct. ferri chlor. . . ʒss.
Elix. simp. q. s. ad . . ʒiij.
M. Sig.—One teaspoonful in water after meals.

PRURITIS ANI.

℞. Hydrarg bichlor. . . . gr. ij.
Acidi carbolici . . . gr. x.
Alcoholi . . . . ʒj.
Aquæ camphoræ . . . ʒj.
M. Sig.—Use as a lotion.

MEMBRANOUS CROUP.

Dr. John H. Owings (Med. and Surg. Reporter) speaks very highly of the following combination:—

℞. Tinct. eucalypti . . . ʒv.
Pilocarpinæ mur. . . gr. ss.
Vini pepsinæ . . . . ʒj.
Syr. tolu q. s. ad. . . ʒiv.
M. Sig.—One teaspoonful every half hour.

SCARLET FEVER.

Dr. Bedford Brown, of Alexandria, Va., recommends the following combination in scarlet fever:—

℞. Acidi salicylat. . . . ʒij.
Tinct. aconit. rad. . . gtt. xij.
Infus. digitalis . . . ʒiss.
Spts. ammon. aromat. . ʒiij.
Syr. aurant. cort. . . ʒss.
Aqua . . . . . ʒj.
M. Sig.—Teaspoonful every three hours.

MEASLES.

℞. Ammonii carb. . . . gr. xvj.
Tinct. ignatiæ . . . ♏viij.
Tinct. digitalis . . . ʒss.
Aquæ menth. pip. . . ʒj.
Syr. simp. . . . . ʒj.
M. Sig.—One teaspoonful every three hours.

INFANTILE ECZEMA.

Dr. Henry T. Byford (Journal of American Medical Association) considers calomel in small doses to be almost a specific for infantile eczema. He usually administers quarter-grain doses twice a day until a laxative effect is produced, and then gives only one a day. Locally he recommends—

℞. Acidi carbolici . . . . ʒj.
Ung. zinci oxidi benz. . . ʒj.
M. Ft. Ung. Sig.—Use externally.

HÆMATURIA.

℞. Acidi gallici . . . . ʒij.
Acidi sulphurici aromat. . ʒiss.
Infusi matico . . . . ʒiss.
Aqua . . . . . ʒj.
M. Sig.—Two teaspoonfuls every hour in water.

ARSENIC IN LUPUS ERYTHEMATOSUS.

Jonathan Hutchinson (British Medical Journal) reports a case of lupus erythematosus which was cured by the administration of five drops of Fowler's solution three times a day for two years. No local application whatever was made. They cure was complete, and was entirely due to the arsenic which was so persistently employed.

WARBURG'S TINCTURE.

℞. Socotrine aloes . . . ʒxvj.
Rhubarb (East Indian) . . ʒiv.
Angelica seed . . . . ʒiv.
Confect. of damocratis . . ʒiv.
Saffron . . . . . ʒij.
Fennel seed . . . . . ʒij.
Prepared chalk . . . . ʒij.
Gentian . . . . . ʒj.
Zodoria . . . . . ʒj.
Cubeb . . . . . ʒj.
Myrrh . . . . . ʒj.
Camphor . . . . . ʒj.
White agaric . . . . ʒj.
M.

These ingredients are to be digested with five hundred ounces of proof spirit in a water-bath for twelve hours, then expressed, and ten ounces of quinine disulphate added, the mixture to be replaced in the water-bath till all the quinine is dissolved. The liquor when cool, is to be filtered, and is then fit for use.

The dose varies from a drachm, when used as a tonic, to an ounce when given to break up a remittent or prevent a paroxysm of intermittent fever.

TONSILLITIS.

Dr. James E. Free (Med. and Surg. Reporter) recommends—

℞. Potass. chloratis
Potass. nitratis . . āā ʒss.
Vini antimonii
Tinct. opii camph. . āā fʒij.
Tinct. aconite rad. . ♏xvj.
Syrup q. s. . . . fʒj.
M. Sig.—One teaspoonful every two hours.

LEUCORRHŒA.

℞. Naphthol . . . . gr. xvj.
Zinci sulphatis . . . ʒss.
Plumbi acetatis . . ʒss.
Aqua . . . . . ʒxvj.
M. Sig.—Use a wineglassful as an injection twice daily.

RHEUMATIC PERIOSTITIS.

Professor Da Costa recommends—

℞. Potassii iodidi . . . ʒij.
Tinct. cinchonæ comp. . . ʒj.
Spts. ammonii aromat. . . ʒiv.
M. Sig.—One teaspoonful three times daily.

TONIC MIXTURE.

The following formula is recommended and used by Dr. C. F. McGuire, at the Southern Dispensary and Hospital, of Brooklyn, as an excellent tonic in the convalescence of fevers:

℞. Ol. aurantii . . . gtt. xv.
Ol. limonis . . . gtt. vij.
Ol. cinnamomi . . . gtt. j.
Alcoholis . . . . ʒviij.
Quiniæ sulphatis . . gr. viij.
Red saunders . . . gr. iv.
Ferri pyrophosph. . . ʒiij.
Syr. simplicis . . . ʒviij.
Aqua fervid . . . ʒvj.
M. et Sig.—Tablespoonful after eating.

Put the oils with the alcohol, then mix in the saunders and quinine. Stir well, and add the syrup. Before adding the iron, dissolve it in the hot water.

DIURETIC MIXTURE.

Dr. Joseph Mullone, of Lyons, Ind., writes to us that he has treated a number of severe cases of anascara, most of them of distinctly malarial origin, and has been much pleased with the action of the following formula:—

℞. Compound spirit of juniper . Oj.
Sulphate of iron . . . ʒij.
Acetate of potassium . . . ℥ss.
Fluid extract of digitalis . fʒij.
Syrup of squill . . . fʒss.
Dose, a tablespoonful three times a day.

In severe cases the patient is to drink also a cold infusion of elder root.—*N. Y. Med. Journal.*

SORBEFACIENT MIXTURE.

The following is an excellent lotion for subduing inflammation, and reducing the œdema of the inflamed parts:—

℞. Tinct. opii camph. . . ʒij.
Tinct. tolutani . . . ℥ij.
Liq. plumbi diacetat. . . ℥iv.
Glycerine . . . . ʒij.
Aqua, ad . . . . ℥xx.
M.

A piece of lint, or old linen, to be well wetted with the lotion, and to be applied to the inflamed part. The wetting to be repeated at frequent intervals.

It is useful to give at the same time the following mixture internally:

℞. Potass. bicarb. . . . ʒiss.
Tinct. nucis vom. . . . ♏xl.
Ferri am. cit. . . . ʒiss.
Sp. am. aromat. . . . ʒiss.
Aqua, ad . . . . ℥viij.
M. Sig.—One drachm three or four times a day.

I have found this treatment especially useful in those cases in which intense inflammation in the arms follows re-vaccination.—*Dr. Martin, Med. Press and Circular.*

ASTHMA.

Dr. John J. Mulheron (Medical Age) speaks very highly of the following combination in asthma:—

℞. Ammonii chloridi . . . ʒiij.
Spts. æth. nitrosi . . . ʒiij.
Syr. ipecac. . . . ℥j.
Etheris . . . . ʒiij.
Syr. glycirrhizæ q. s. ad . ℥vj.
M. Sig.—One teaspoonful three times a day.

NEW MERCURIAL POMADE.

M. Yvon has proposed to use black soap, instead of lard, as a basis for mercurial ointment. Soap absorbs and retains the mercury quite as well as lard, and possesses an advantage over the latter in being soluble in water. Take one thousand grammes of black soap (as neutral in reaction as possible) and three thousand grammes of mercury, treat the same as if using lard, when the disappearance of the mercury will occur as if an animal fat were being employed, only much more rapidly. This mercurial soap pomade can be kept for an indefinite period, and has the valuable advantage of not becoming soft with heat, and remaining firm at all ordinary temperatures. It has no irritating action, and can be easily removed by simply washing with cold water. At present mercurial frictions are much in vogue for the combating of syphilis, especially in infants, so that physicians should welcome this new pomade as preconceived by M. Yvon.—*Translated from Le Scalpel, by Dr. Robert O. Kevin.*

COUGH MIXTURES FOR CHILDREN.

The following valuable prescriptions are from the hospital formulary of the Department of Public Charities and Correction, New York:—

Cough Mixture for Infants.

℞. Tinct. opii camph.
Spts. ammon. arom. . . āā fʒj.
Ext. ipecac. fl. . . fʒss.
Syr. pruni. virgin. . . fʒj.
Aquæ . . . q. s. ad. fʒiij.
M. Sig.—A teaspoonful every four hours.

Mistura Ammonii Carbonatis.

℞. Ammonii carbonat. . . ʒss.
Syr. senegæ . . . fʒiv.
Syr. ipecac. . . . fʒij.
Syr. tolu . . . . fʒiv.
Ext. glycyrrhizæ . . . ʒss.
Aquæ cinnamomi. q. s. ad. fʒiv.
M. Sig.—A teaspoonful three times daily.

Mistura Ammonii Chloridi.

℞. Ammonii chloridi. . . ʒss.
Potassii. chlorat. . . gr. xl.
Syr. senegæ . . . fʒiv.
Syr. ipecac. . . . fʒiij
Syr. tolu . . . . fʒv.
Ext. glycyrrhizæ. . . ʒj.
Aquæ cinnamomi. q. s. ad. fʒiv.
M. Sig.—A teaspoonful every three hours.

PERICARDITIS.

Dr. J. S. Lynch, of Baltimore, Md., has obtained excellent results in pericarditis from—

℞. Tinct. veratri viridi . . ʒj.
Tinct. opii deod. . . . ʒj.
Sodii bicarb. . . . . ʒij.
Syrupi . . . . . ℥ij.
Aqua . . . q. s. ad. ℥vj.
M. Sig.—One tablespoonful every two or three hours.

DIPHTHERIA.

Dr. William T. Plant (Archives of Pediatrics), says: Diphtheria being both a local and a general disease, requires both local and systemic treatment. The day of caustic applications, as strong solutions of nitrate of silver and hydrochloric acid, is happily over. Among the most valued remedies are some of the styptic preparations of iron. These tend, by their astringency, to lessen the size of the existing membrane and to prevent the spread of inflammation. With some older children I have used, with much satisfaction, a formula substantially that of the Catholic Foundling Asylum in New York City—

℞. Acidi carbolic, cryst. . . gr. vj.
Liq. ferri persulph. . . ʒiij.
Glycerinæ . . . . ʒj.

M. Sig.—Apply with a camel's-hair brush once in two or three hours.

The tincture of the chloride of iron, much diluted, may be used as a gargle; but, as few sick children can be prevailed on to gargle efficiently, and as iron is a good general as well as local remedy, we may secure its double action by giving it in frequent doses. If we combine chlorate of potassium and tincture of iron, a little free chlorine is liberated, and this has a deodorizing and antiseptic effect on the exudation.

℞. Potassii chloratis . . . ʒss.
Tinct. ferri chlor. . . . ʒiss.
Glycerinæ . . . . ʒj.
Syr. simp. . . . . ʒj.
Aquæ q. s. ad . . . . ʒiv.

M. Sig.—A teaspoonful every hour or two to a child of from three to five years.

If there is much fetor, it may be corrected by the frequent application of either of these solutions:—

℞. Sol. sodii chlorinat. . . ʒiiss.
Aquæ ad . . . . ʒviij.

M.

℞. Potassii permanganat . gr. xv.
Aquæ. . . . . ʒviij.

M.

BRYONIA ALBA.

Dr. C. S. Lombard (Chicago Medical Journal and Examiner) has found bryonia alba to be almost a specific in the various inflammatory affections of the lungs, the pleura, and the bronchial tubes. In pleurisy, one or two drops of the tincture may be administered every hour. In bronchitis of the larger tubes three or four minims may be given every three hours, especially if the cough be dry and tight, and the patient complain of painful stitches in the upper portion of the chest. In the bronchial cough of old people, two or three minims given every two to four hours will commonly relieve the symptoms. In pneumonia give a teasponful of the following mixture every half hour until the perspiration is freely secreted, and after that once every hour or two:—

℞. Byroniæ albæ tincturæ . ♏x.
Aconiti radicis tincturæ . ♏xvj.
Aqua destillatæ ad. . . ʒij.

M.

HEMORRHAGIC MALARIAL FEVER.

Dr. I. J. Newton, Jr. (Transactions of Louisiana State Medical Society), reports several cases of hemorrhagic malarial fever, in which the following treatment was uniformly successful: Immediately after seeing patient he was placed in a hot mustard foot bath, and one-eighth grain mur. pilocarpin was administered hypodermically, which induced a mild diaphoresis; fifteen grains of calomel was then ordered in three powders, one to be taken every three hours, and followed, if necessary, by a seidlitz powder; twenty grains of quinine in ten powders was also ordered, one powder to be given every hour. This prevented the return of the paroxysm. I then ordered—

℞. Acidi arseniosi . . gr. j.
Quiniæ sulph. . . . gr. xxx.
Ferri redact. . . . gr. xx.
Podophyllin . . . gr. ij.
Ol. pip. nigr. . . . gtt. x.

M. et ft. pil. xx.
Sig.—One pill three times daily, at meals.

ACUTE PLEURISY.

Mild cases of pleurisy, if seen early, may frequently be cut short by the use of:—

℞. Tinct. aconiti rad. . . ♏xij.
Morphia sulphatis . . gr. j.
Liq. ammonii acetatis . . ʒvj.
Liq. potassii citratis . . ʒvj.

M. Sig.—Two teaspoonfuls every three hours.

It is only of value, however, in the beginning of the disease, and will be of no avail in the second stage, or stage of effusion.

The following combination will then be found effective:—

℞. Potassii acetatis . . . ʒij.
Infus. digitalis . . . . ʒiv.

M. Sig.—One tablespoonful every four hours.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Nov. 1885.

THE Editor of THE MEDICAL BULLETIN takes pleasure in acknowledging his indebtedness, and returning his heartfelt thanks, to Dr. George Strawbridge, for the kind and constant attention paid to him while recently suffering from the effects of an injury which might have entailed serious consequences, had it not been for the prompt and thorough treatment instituted by Dr. Strawbridge. The valuable assistance rendered by Mr. Louis Genois at the same time is also acknowledged with pleasure, and will always be remembered with gratitude.

DR. A. JACOBI'S SHRIEK!

THE evening of Thursday, October 1, 1885, was one of "intense gratification" to our genial friend, Dr. A. Jacobi, of New York City. On that evening there was a meeting of the New York Academy of Medicine, and the good Doctor, as its presiding officer, delivered what he is pleased to call an "Address" before his distinguished Fellows. As his remarks have had but a limited circle of readers THE BULLETIN purposes to give them the benefit of its large circulation, so that the medical profession throughout the land may know something about the brilliant light shining so grandly away off in New York City. But, as the gentleman remarks, "*vita brevis*," and as our readers have little time to waste, we shall not print his "Address" in its entirety, but merely quote a few salient points interpolated with a comment or two; and for our kindness in so doing we do not expect our friend to thank us, for we shall reap our own reward in the pleasure we shall afford. After a few preliminary remarks, intended as an introduction, he says: "I crave your attention, first, for a few facts which I consider of great importance in regard to medical progress." Now we cannot quote any more from this part of the "Address," as it is merely a statement that a society had been formed in Europe, consisting of a few gentlemen prominent in medical circles, for the "Collective Investigation of Disease," and the Doctor's explanation of its aims and answers to criticisms upon them. But here THE BULLETIN most heartily enjoys the opportunity of letting the world know that its right loyal friend, Dr. "A. Jacobi, of New York," is a member of this important body, and also the Secretary of the American Sub-committee. Now this statement must not be taken *cum grano salis*, for the speaker himself, in his most graceful style, informed his hearers of the honors that were conferred upon him, and *per* consequence upon *them* as their President. Is it any wonder that Thursday evening, October 1, 1885, was a happy one in the history of a certain person? That person may be truthfully called—

Jubilant Dr. A. Jacobi!

Scarcely had our exhilarated friend given vent to his pardonable vanity when a "sad theme" overcame him, and he passed it by in "profound sorrow," but not without some remarks that are questionable at least. They are as follows:—

> "It need not matter how much may have, nay, has been done, to mar the success of the next International Assembly, and to deprive us of the opportunity long looked forward to of greeting the giants of science, the celebrated teachers, the ingenious experimenters, and our literary or personal friends of Europe on our own soil. For an International Congress will never convene under the roof of a house divided in itself, though the division may be the work of a few sacrilegious hands only.
>
> "But this is a sad theme, known to everybody here, deplored by everybody who feels as both a personal grief and a public calamity the humiliation which is involved in the hesitation on the part of the Congress to assemble in our country."

Now, to THE BULLETIN, this is a "sad theme" to dwell upon. To think that a trusted friend, who occupies the high position of President of the New York Academy of Medicine, should make use of the above language, knowing its utter untruthfulness, and all for what? Because he was not allowed to have a part in the

formation of an assemblage to be held at the invitation of the American Medical Association, of which body he is not a member. But when he says, "this is a sad theme," etc., although the worthy man is ever dear to us, we cannot help saying—

Mendacious Dr. A. Jacobi!

But, dear Doctor, how do you know that because you were politely requested to step aside, that the fifty-five or sixty thousand physicians composing the profession in this country feel it "both a personal grief and a personal calamity" your "humiliation"? Do you not think you trusted too much to the credulity of your hearers when you made the assertion? And, as the International Congress will be held in this country, and furthermore will be attended by the "giants of science, the celebrated teachers, the ingenious experimenters, and our literary or personal friends of Europe," THE BULLETIN feels justified in hailing you—

Witless Dr. A. Jacobi!

The next subject the amiable President dwells upon is the New Code of Ethics, into which he enters with much zeal, and we are sure THE BULLETIN will be forgiven when it whispers in his ear, that it was in bad taste as a President of a Society in whose body are a number of gentlemen who differ with him very seriously in his peculiar views on many subjects. But that has always been the trouble with our friend—imagining that all around him are governed by his great intellect. Surely we may now style him—

Overweening Dr. A. Jacobi!

After his great and labored effort to prove how superior the New Code people were to all the rest of the profession, and probably observing signs of weariness in his audience, the profound Doctor assumed a new role, one which reminds us very much of the historical character—and who, by the way, is far better known throughout the civilized world than our friend will ever be, no matter how long he may intrigue and scheme—in "Mother Goose's Melodies." If we remember rightly the song runs in this way:—

"There was a man in our town, he was so wondrous wise,
He jumped into a bramble bush and scratched out both his eyes;
When he found he had scratched them out, with all his might and main,
He jumped into another and scratched them in again."

To prove the analogy. Our shrewd intimate, perceiving that he had jumped into a bramble bush and disfigured his eyesight by his ill-timed attack aimed at the Code of Ethics of the American Medical Association, hastens to repair the evil by leaping into another, exclaiming, "No society, either political or other, can ever do without a penal code—old or new—thus there is no harm in admitting that [this] Academy is in need of a Committee of Ethics like any other Society," and then proceeds by a strong argument to prove how necessary it is to draw the line somewhere, and to do this a strong Code is essential, that is, provided he is the governing power, and it does not conflict with his ambitious views. Let us trust that the last bramble bush will effectually restore his eyesight, and with it some wisdom, too. And now THE BULLETIN can only observe—

Hapless Dr. A. Jacobi!

Our agreeeable task is done. We have given our readers a fair *résumé* of the celebrated "Address," accompanied with a few comments of our own, all of which we hope will prove acceptable. But lest Dr. A. Jacobi should feel that he owes us a debt of gratitude, we will state to him that we shall be amply repaid if he will follow our advice in one respect, and we offer it to him with the most profound regard. It is this: If ever he should have the opportunity of again making an "Address," let him insist that he shall not be introduced by these words—

This way, Mr. Merryman!

DR. KINLOCH AND THE COMMITTEE OF ARRANGEMENTS OF THE AMERICAN MEDICAL ASSOCIATION.

THE following letter from the Journal of The American Medical Association, of October 24, 1885, will explain itself:—

DR. N. S. DAVIS.

Dear Doctor:—Dr. R. A. Kinloch, of Charleston, S. C., occupies nearly three pages of the Medical News, in an effort to prove that he alone was right, and that all the other members of the Committee of Arrangements, who were present in New York on September 3d,

were utterly wrong. Dr. Kinloch frankly acknowledges that he did not approve of the action of the American Medical Association in creating the enlarged Committee, and states that he only accepted a position on the Committee because he "recognized the obligation to serve the Association, and indulged the hope of sustaining a spirit of harmony." This quotation looks well in print, but its beauty is marred by the fact that the conduct of its author was not in accord with its spirit. If his course of action as a member of the Committee implied any obligation on his part, it apparently implied an obligation to serve a *coterie* of personal friends, regardless of the rights or wishes of the American Medical Association, and so far from endeavoring "to sustain a spirit of harmony," he persistently endeavored to obstruct the proceedings of the Committee by frittering away valuable time with trivial objections. The members of the Committee understood, however, the peculiar position in which Dr. Kinloch had been placed, and listened to him with attention and sorrow, and then voted and acted in accordance with the wishes of the Association, and for the best interests of the American medical profession.

Dr. Kinloch complains that a letter which he forwarded to the temporary Secretary was not read before the meeting of the Committee in Chicago, or embodied in the report which was recently published. I had received nearly two hundred letters at that time, some of which were similar in tenor to Dr. Kinloch's, but the great majority expressed approval of the action of the Association. To have read them all would have occupied the whole day. The Committee therefore directed me to read only the one which had been received from Dr. Austin Flint, Sr., the eminent President of the Congress.

I do not believe that Dr. Kinloch thinks that the mere reading of his letter would have worked a revolution in the sentiments of the other members of the Committee, but I can assure him that the subsequent proceedings of the meeting were not at all influenced by its omission. I can also assure him that I replied to his letters as promptly as was possible. The number of letters which came to me while acting as Secretary of the Committee was so great that more or less delay in answering them could not be avoided, but all received attention at the earliest possible moment.

Dr. Kinloch's chief grievance, however, appears to be that the Committee exercised its right of filling a number of the vacancies which had been made in several of the important offices of the Congress, by the resignation of a number of those who had been previously appointed. According to Dr. Kinloch many of these resignations were merely tentative in character, and not intended to be *bona fide*, and the appointment of new men to the important places was a manifestation of vindictiveness on the part of the Committee which Dr. Kinloch could not condone. To use Dr. Kinloch's own words: "The work of filling the so called vacancies in the most important offices had continued without any question as to the acceptance of resignations. The spirit of vindictiveness (I regret to have to use the term) under the presumed offence given by the parties who had proposed to withdraw, seemed to me to be irrepressible, so I could not consent to occupy the position which had been assigned me."

I was informed several months ago, that many of the published resignations had been forwarded in a half-hearted manner, and that many more had been procured by earnest personal solicitation, but that none of the distinguished resigners intended to permanently refrain from participation in the International Medical Congress. Their aim was to compel the Association to reinstate the Original Committee, with full power to reinstate themselves and their New-Code friends in office, to give four positions to one, five to another, six to another, and so on to the end of the chapter.

I was inclined to doubt the correctness of this at first, but Dr. Kinloch has corroborated it by practically admitting that many of the resignations were only intended for dramatic effect. Dr. Kinloch and his friends understand by this time, however, that the Committee of Arrangements, appointed by the American Medical Association, could neither be cajoled nor intimidated. That Committee was created for a special purpose, "to appoint

the officers of the Congress." Its work has been performed without fear and without malice. The general officers of the Congress and the officers of the various sections have been appointed, and have organized an Executive Committee who will now take charge of all minor details. Some further vacancies may occur by death, or otherwise, but they will be filled by competent and thoroughly representative men who are in accord with the American medical profession.

JOHN V. SHOEMAKER, M.D.

TRANSACTIONS OF THE NEW YORK STATE MEDICAL ASSOCIATION.

THIS admirable volume, which has been compiled by Austin Flint, Jr., M.D., and published by D. Appleton & Co., is superior both in brilliancy of contents and typographical execution to any volume of Transactions which has ever been issued by any other State Society. It contains four addresses and forty-six original articles, of which seventeen are devoted to surgery, fifteen to medicine, eleven to obstetrics and gynæcology, three to ophthalmology, two to materia medica, one to physiology, and one to insanity. They are all of a high order of merit, and were written by physicians whose eminent abilities are everywhere recognized, and whose devotion to the National Code of Ethics cannot be doubted. The volume also contains an interesting account of the causes that led to the formation of the Association, as a protest against the conspiracy by which the so-called "New Code" was forced upon the State Society. Many practitioners of more or less standing had long chafed under the restraints imposed upon them by the National Code of Ethics, and yearned for the pecuniary advantages to be gained by consulting with any and all practitioners who could or would bring them patients. It seemed easy to bring this about if they could find an excuse for their action in the laws of the State. A law was accordingly introduced and passed in 1880, declaring certain irregular practitioners to be legally qualified medical men provided they complied with certain conditions of registration. The way being thus made clear, the matter was brought up at a meeting of the Medical Society of the county of New York in 1883. At this meeting "the leader of the 'New Code' movement, supported by a large number of adherents, who blindly followed his dictation, displayed a degree of arrogance and assumption that has seldom if ever been witnessed in such a body. Many voices were raised in behalf of the honor of the profession, but they were unheeded. One of the most eminent men in our ranks, respected alike for his age, attainments, and the purity of his professional and private life, was merely tolerated in making his protest, while the curt and peremptory orders of the 'New Code' leader to vote in a certain way on each question raised were received with stormy applause and implicitly obeyed." The unfair and unparliamentary methods are then detailed by which the conspirators captured the New York Academy of Medicine. The faithful members of the profession had then no recourse left but to form a new Association and place themselves in affiliation with the American Medical Association. They have done this, and recent events have demonstrated that the American Medical Association will not permit itself to be dictated to or intimidated by the band of unscrupulous conspirators who have done so much to demoralize the profession in New York. Neither will it permit the rights of those who have remained faithful to it to be trampled on by any one man, or any three or four men, no matter whether they reside in Philadelphia, Washington, or Baltimore.

THE SURGEON-GENERALSHIP OF THE U. S. MARINE HOSPITAL SERVICE.

PRESIDENT CLEVELAND is to be congratulated upon his determination to refuse to accept the resignation of Dr. John B. Hamilton, the present efficient Surgeon-General of the U. S. Marine Hospital Service. Dr. Hamilton entered the service as Assistant Surgeon, and without any patronage or influence but that which industry and ability commanded, won his way to the important position which he now occupies. A partisan cry

was raised against him a few months ago, but the most searching inquiry failed to reveal any just cause for the charges which had been made against him. President Cleveland then sent for him, and informed him that, as his administration of the service had been so successful and satisfactory, the public good demanded that he should remain as Surgeon-General, and that there was no longer any intention of superseding him. Dr. Hamilton's vindication is therefore complete, and the country is to be congratulated upon the retention of a vigilant guardian of the public health.

THE REST CURE AGAIN.

DR. JOHN FRISSELL, in a valuable paper presented before the State Medical Society of West Virginia, lays especial stress upon the value of rest and time in the treatment of various chronic diseases. Three months, six months, twelve months, are remedies of great value. They will cure more uterine troubles than all the pessaries and supporters ever invented for that purpose, and will render invaluable service in the treatment of inflamed and injured joints, chronic rheumatism, and obstinate neuralgias. Dr. Frissell was consulted last summer by a patient for some slight disorder, who told him that she had at one time suffered greatly from prolapse of the uterus. On asking what treatment had been instituted to make her recovery so perfect, she replied that she was put in bed and kept there for a year.

Dr. Frissell in commenting upon this and other cases, says, with much truth, that patients often go hundreds of miles to some prominent specialist to be treated for uterine troubles. They are ordered to bed and kept quiet for a number of weeks, and various kinds of pessaries or other appliances are used from time to time. After a while they go away much improved, believing that the instrumental treatment had made them better. In reality, however, it was the enforced rest which had effected the cure, the pessaries and other appliances merely serving as a mental placebo.

GOOD NEWS.—The subscription list of THE BULLETIN is steadily increasing.

CORRESPONDENCE.

THE INTERNATIONAL MEDICAL CONGRESS.

JERSEY CITY, N. J., Oct. 1, 1885.

Editor Medical Bulletin, Philadelphia.

DEAR DOCTOR: I hereby send you the "Sanitarian" of June, 1885, in which appears a very impartial and just criticism (by its able editor, Dr. Bell) on the unwarrantable and unjustifiable action of *a few* of the *members* of the *first* Committee appointed by the American Medical Association in 1884, to invite the International Medical Congress to meet in the United States in 1887.

It may seem a little ungracious in me, an humble member of the profession, to call special public attention to the unworthy actions and bad conduct of distinguished individuals, members of our profession. But it is my candid conviction, in view of the fact, that there is a *definite plan* and *settled determination* on the part of a few of the members of the first committee of eight, now to constantly misrepresent and pervert everything in reference to the International Medical Congress, or the actions of its enlarged Committee. But the time has now arrived when we should call things by their right names. It would appear by their action that Drs. J. S. Billings, I. Minis Hays, J. M. Browne, and a few others, wish to be placed along with those who prefer to dwell in the kingdom of contention and misrepresentation, rather than to be indwellers in the realm of light and science. We should make no mistakes in this matter. Each one of us are making history as we go along in life. These gentlemen, who are doing so much to throw discredit upon the whole medical profession of the United States, and obstacles in the way of a successful International Congress, are *also making history.*

Let it be distinctly known who they are, so that we may know where to properly place them in the future. It is well known to every physician conversant with the affairs of the coming International Medical Congress, that every effort is being made both by public and private correspondence to *discourage* the *foreign members* of the Congress from attending. This is an outrage that merits stern rebuke, and should brand every medical man found guilty

of such conduct as an enemy of the profession, who is *fitted only to ruin what he cannot rule.* If care is not taken to contradict their false statements much harm may ensue. Therefore it behooves every member of the profession who is interested in the success of the coming International Medical Congress, and who has any acquaintance with foreign members, to communicate at once with them, explaining the nature and *true inwardness* of this controversy. It must be evident to any unbiased mind at all conversant with the facts, that the whole trouble of this International Medical Congress controversy can be laid at the door of the ring in the first committee of eight, for the following undeniable reasons, viz. :—

1st. They exceeded their authority under the resolutions of 1884 in this, that after inviting the Congress, and securing its consent to meet in the United States in 1887, which was their specific duty, they then proceeded with undue haste and without authority, not only to outline a plan for the Congress, but proceeded to select and elect for themselves the most prominent official positions in the Congress, and the balance of the important positions were filled by their friends, mainly from the cities of Philadelphia, New York, and Boston, thus intimating that these three centres embodied all the medical intelligence of the country, which act of distinguished delicacy on the part of the Committee was not fully appreciated by the balance of the medical profession of the United States.

2d. This circumscribed programme, hastily mapped out, was published to the world *just previous to the meeting of the American Medical Association, at New Orleans*, before which body it certainly should have been FIRST *submitted* by the Committee *for alteration, amendment*, or *approval.*

3d. When the committee of eight was informed by the Association at New Orleans that there would be some change made in its rules and appointments, the ring in the committee imperiously and dogmatically denied the right of the Association to make any change, asserting that they were above and beyond the control of the Association, and not accountable to it for their actions.

This encroachment upon the plain and undoubted rights of the American Medical Association was not to be tolerated. In a republican form of government it is a well settled principle of law and *rule* of *action* in all *parliamentary bodies*, that *no committee* is *above* the *body* which created it; therefore, after the Association had patiently listened to the explanation and reading of this premature programme by the Secretary-General, and not relishing the fact of being so ignominiously ignored by its *own committee*, resolutions were introduced enlarging the committee, so as to more nearly represent the *entire* profession of the country, in order that there should be a *national*, rather than a *personal*, representation at the International Medical Congress. The American Medical Association by asserting its just prerogative, in thus changing somewhat the *personnel* of the committee by adding to its numbers, has given mortal offence to a few members of the first committee, and, rather than submit to the will of the Association, or allow any change to be made in their programme, they have petulantly resigned from the enlarged committee.

Now, there are some things in this world too thin to bear dilution, or too select or exclusive to bear addition. On which horn of the dilemma shall these members of the first committee be placed?

In view of the above facts, and many more that might be stated, I solemnly assert, and am willing to leave the truth of this assertion to the judgment of a candid world, that if the International Medical Congress is a failure, or is not a success, the *fault* can and will be placed at the door of the ring in the *committee of eight*, and they (the ring) must not be allowed—as they and *their* friends are *now attempting* to do —to *shift* their grave responsibility, and throw the odium of failure on the American Medical Association, or *its enlarged committee.*

I. N. QUIMBY, M.D.

INTERNATIONAL MEDICAL CONGRESS.

HATBORO, PA., Oct. 14, 1885.

DR. J. V. SHOEMAKER.

DEAR DOCTOR: The following letter was sent to the New York Medical Journal, but as they have evidently determined to print nothing but that which is injurious to the American Medical Association, I forward a copy of it to you for publication.

Yours, truly,

JOHN B. CARRELL, M.D.

"HATBORO, PA., Sept. 23, 1885.

"Editor of New York Medical Journal:

"DEAR DOCTOR: After having received two months' specimen issues of your journal, I have, in common with many others, been asked to subscribe to the same. I am obliged to you for the Journal, but cannot consistently give aid to a journal that is doing its best to create a breach in the medical profession that several generations may not see healed. If you will stop to consider, you will, if you are not stone blind, see the incalculable injury your course will produce. There is, in this controversy about the next Medical Congress, "much ado about nothing," and it is time the giants of the profession, who are interested in this lamentable proceeding, should arise in their strength and dash this invader of our peace and unity to the ground.

"I am sorry to see that many of the opposition are specialists, and may it not be that they desire to get from under the restraint of the Association, so they can consult with all classes and schools of medicine. They are not satisfied with what they have, but want the earth. The tendency of specialism is to quackery, and these gentlemen, if not very careful, will do more to injure the cause they pretend to defend, than all the combined quackery in the country. I have observed the actions of these gentlemen for several years without much satisfaction. Now they have the audacity to throw the entire blame for this squabble upon the Association, and you are one of the party. You must not think you are not partly in fault, neither must the Association consider itself blameless, for in all quarrels both sides are more or less to blame. As an educator of public opinion you should work in a more elevated plane than you now occupy. The difficulty at issue can never be settled by the course you are pursuing. Let the opposing factions meet together, drop self-interest, study the good of the greatest number, be determined to settle this miserable and degrading squabble in a manly and dignified manner, and not go off in a pout as Conkling and Platt did. The eyes of the world are upon us, and we should act as men, not as babies. The more you agitate this matter the harder it will be to settle. By trying to harmonize the dissenting factions you can do much good, and any other course for you to pursue is a disgrace to the profession at large. If this squabble cannot be settled by the means I point out, then let the old or Original Committee appoint two gentlemen, the Association two, and these four select the fifth to adjust the dispute, all parties being bound to submit to the findings of the arbitrators. Don't agitate this matter any more, but settle it at once is the opinion of the great majority of the profession. Very respectfully.

"JOHN B. CARRELL, M.D."

MEDICAL NEWS AND MISCELLANY.

DR. B. F. BAER has removed to 2010 Chestnut Street.

DR. CHARLES K. MILLS has removed to 1909 Chestnut Street.

DR. ROBERTS BARTHOLOW has removed to 1525–27 Locust Street.

PROFESSOR THEOPHILUS PARVIN has removed to 1718 Walnut Street.

DR. WILLIAM H. WEBB was married on September 3d to Miss Louisa Beitel, of Philadelphia.

THE annual session of the American Academy of Medicine was held in New York on October 28th.

DR. THOMAS H. BRADFORD was married on September 30th to Miss Katharine A. Nevins, of Philadelphia.

DR. CHARLES MEIGS WILSON was married on October 7th to Miss Alice M. von Tagen, of Philadelphia.

DR. P. O. HOOPER, of Little Rock, Ark., has been appointed superintendent of the Arkansas State Insane Asylum.

DR. SOLOMON SOLIS-COHEN has been appointed Chief of the Out-Door Medical Department of Jefferson College Hospital.

PROFESSOR J. J. M. ANGEAR, Professor of Principles of Medicine in the College of Physicians and Surgeons of Chicago, has resigned.

THE Second annual meeting of the New York State Medical Association will be held in New York on November 17th, 18th, and 19th.

DR. ROBERT BATTEY has performed thirty-two consecutive ovariotomies this year at his infirmary, in Rome, Ga., without a single fatal result.

DR. JOHN B. DEAVER, Demonstrator of Anatomy in the University of Pennsylvania, has been offered the Chair of Anatomy in the University of Vermont.

PROFESSOR F. L. REA has resigned from the Chair of the Principles and Practice and Clinical Surgery in the College of Physicians and Surgeons of Chicago.

DR. C. A. BRYCE (Southern Clinic) has obtained the most satisfactory results from the external use of the oleate of mercury in obstinate hepatic congestion.

THE Introductory Address to the Sixty-first Annual Course of Lectures at the Jefferson College was delivered on September 30th, by Professor J. W. Holland, M.D.

THE PARIS SOCIETY OF HYGIENE has awarded diplomas of merit to Drs. H. P. Walcott, Charles Folsom, and S. W. Abbott for their labors in the cause of sanitary science.

DR. FRANK H. POTTER, lecturer on Materia Medica in the Niagara Medical College, has sailed for Europe, where he will spend three or four months in study and professional observation.

THE Introductory Address to the One Hundred and Twentieth Course of Lectures in the Medical Department of the University of Pennsylvania, was delivered by Professor William Osler, M.D., on Thursday, October 1st.

DR. W. W. REYNOLDS (Medical and Surgical Reporter) has obtained better results from strychnia than from quinia in recurrent malaria. He invariably orders ℞x of the liquor strychnia to be taken before each meal, and claims that by this method the attacks are broken up at once.

SALIX NIGRA.—Dr. F. F. Paine (Medical Age) recommends the fluid extract of salix nigra in drachm doses for the various neuralgias and dysmenorrhœas of ovarian origin. It has also yielded satisfactory results in the treatment of masturbation, and effected a cure in an obstinate case of ovarian epilepsy.

THE PENNSYLVANIA AND MARYLAND MEDICAL ASSOCIATION has elected the following officers for the ensuing year: President, Dr. R. C. Broomell, Port Deposit, Md.; Vice-Presidents, Drs. J. M. Deaver, Buck, Lancaster Co., Pa., and G. S. Dare, Rising Sun, Md.; Secretary and Treasurer, Dr. S. J. Rouse, York, Pa.

THE MISSISSIPPI VALLEY MEDICAL SOCIETY has elected the following officers: President, Dr. A. Dixon, Henderson, Ky.; First Vice-President, Dr. G. W. Burton, of Mitchell, Ind.; Second Vice-President, Dr. T. D. Washburn, of Hillsboro, Ill.; Third Vice-President, Dr. William Cheatham, of Louisville, Ky.; Secretary, Dr. H. J. B. Wright, of Olney, Ill.

THE PHYSICIANS' MAGAZINE is the title of a new medical monthly published by Messrs. Foote & Swift, of Philadelphia. It is abundantly illustrated, and contains a number of original communications of a high order of merit. The list of present and future contributors is an evidence that the publishers are determined to win for it a front place in the ranks of American medical journalism.

DR. M. ARTHUR (Chicago Medical Journal and Examiner) reports a case of quadruple pregnancy occurring in his practice at Waverly, Dakota. The labor commenced four hours before the doctor arrived, and terminated two hours afterwards in the birth of two boys and two girls, weighing twenty-one and a half pounds in all. There were five children in the family before. The four latest are now being nursed on the mixed plan and are doing very well.

THE AMERICAN GYNÆCOLOGICAL SOCIETY.—At the recent meeting of the American Gynæcological Society in Washington, D. C., the following gentlemen were elected officers for the ensuing year: President, Dr. T. A. Reamy; First Vice-President, Theophilus Parvin; Second Vice-President, Dr. G. J. Engelmann; Secretary, Dr. J. T. Johnson; Treasurer, Dr. M. D. Mann; Members of the Council, Dr. F. P. Foster, Dr. J. C. Reeve, Dr. B. B. Browne, and Dr. R. B. Maury.

COCAINE IN THE VOMITING OF PREGNANCY.—Cocaine has recently been recommended as of great value in the vomiting of pregnancy. Dr. A. J. Stone reports to us verbally that he has recently had complete success in this use of the new drug. The patient was in the fourteenth week of pregnancy, and all of the standard measures for relief of the vomiting had been tried in vain. Ten drops of a four per cent. solution were given hypodermically over the pit of the stomach.—*Northwestern Lancet.*

REQUEST FOR REPRINTS.—Having taken charge of reporting for the Revue Générale d'-Ophthalmologie, edited by Dr. E. Meyer, of Paris, and Dr. Dor, of Lyon, on the progress of Ophthalmology in the United States, I beg leave to request all authors of ophthalmological works and papers to send me copies or reprints of their respective communications, in order to enable me to give the most complete review of the current ophthalmological literature of our country in a periodical of the largest circulation among oculists throughout the world. (Medical papers please copy.)

DR. M. LANDESBERG.
40 W. 34th Street, New York.

SULPHUROUS ACID AS A DISINFECTANT.—M. Dujardin-Beaumetz says (Jour. de Méd., British Med. Jour.) that sulphurous acid is the best disinfectant. It destroys all the organisms contained in the air with the exception of the bacillus

anthracis. He has tried the bottles of compressed sulphuric acid recommended by M. Pictet, of Geneva, but their high price is a serious obstacle to their use. It is better to burn, in the closed room, about one ounce of sulphur for each cubic metre of air. The sulphur is mixed with a little alcohol on a saucer placed on sand. Sulphurous acid spoils many colors, and all metals, but the latter can be protected by a thick layer of grease.

DR. C. J. PETERS (Indian Medical Gazette) reports a case of small-pox in which he aborted the pustules and prevented the secondary fever by the external application of a mixture prepared by boiling four ounces of quicklime and eight ounces of sulphur in five pints of water, until the resultant compound is reduced to three pints. As it is liable to undergo decomposition if kept for three or four days, it should be prepared only as needed, and applied to the vesicles or pustules two or three times a day. Those which were treated in this manner by Dr. Peters did not suppurate, but dried up in a few days. No pus being formed, no secondary fever due to the resolution of purulent material ensued, and the patients soon became convalescent.

OXALATE OF CERIUM IN VOMITING.—Dr. W. R. Chittick (Detroit Lancet) considers the oxalate of cerium to be worthy of more attention than it has hitherto received. It is superior as a gastric sedative to either bismuth, hydrocyanic acid, bicarbonate of soda, or calomel, and unlike these remedies its use does not preclude the simultaneous administration of any other remedy that may seem to be indicated. It must, however, be given in larger doses than is recommended by the text-books. Dr. Chittick generally orders from ten to twenty grains, to be taken every two, three, or four hours until relief is obtained. Its value appears to be due to its direct sedative and astringent action upon the terminal filaments of the pneumogastric nerves.

THE VIRGINIA STATE MEDICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. Rawley W. Martin, Chatham, Va.; Vice-Presidents, Drs. John S. Apperson, Town House, T. B. Greer, Rocky Mount, and H. M. D. Martin, Fredericksburg; Recording Secretary, Dr. Landon B. Edwards, Richmond, Va.; Corresponding Secretary, Dr. J. F. Winn, Richmond, Va.; Treasurer, Dr. Richard T. Styll, Richmond, Va.; to deliver Address to Public and Profession, 1886, Dr. Hugh T. Nelson, Charlottesville. Nominated to the Governor as Examiner-at-large on State Board of Medical Examiners (to fill vacancy occasioned by the death of Dr. F. D. Cunningham), Dr. Thomas J. Moore, Richmond, Va.; Examiner on State Board from Third Congressional District (to fill vacancy occasioned by resignation of Dr. O. A. Crenshaw), Dr. Hugh M. Taylor, Richmond; Dr. Meade C. Kemper, Norfolk, Examiner from Second District; Leader in Discussion, Dr. L. Ashton, Falmouth, Va.

EARLY TAPPING IN ASCITES.—On the strength of a number of experiments, Ewald argues in the Berliner Klinische Wochenschrift in favor of early tapping in abdominal dropsy. He claims that the disadvantages cited against early operations, such as rapid reaccumulation, and thereby increased loss of organic substances, collapse, peritonitis, etc., are more than counterbalanced by the absolute benefits. Collateral circulation is much improved, pressure upon the abdominal viscera and the heart and lungs is relieved, and a degree of function more allied to the normal made possible. Assimilation of food is thus enhanced, and the administration of violent drastics made unnecessary. The dangers of injuring the intestine are not great, if due care is taken. The result, of course, is only palliative in cases where organic lesion precludes the possibility of a complete cure. Life is certainly not shortened by the early interference; and a more frequent repetition of the measure is plainly made possible only by a prolonged lease of life.—*Weekly Medical Review.*

GOUTY ŒDEMA.—Dr. Negel (Le Progrès Med., British Med. Jour.) relates the case of a rather stout lady, aged 41, subject to rheumatoid pains in the joints, who on two occasions had noticed, after bathing in a river, swelling of the whole body accompanied by violent itching and burning. Since the last occurrence, she became liable, whenever she washed her hands in cold water, to swelling, redness, and violent itching and burning of the fingers. Similar swellings might attack the feet, the arms, the nose, or the ears, under the influence of cold air or contact with a cold body. Her nose and ears often became swollen when she went out of doors without taking proper precautions to protect them. The parts, when affected, looked red, shivering, and distended. In from one to three hours they returned to their natural state. Under treatment by salicylate of soda and liquor arsenicalis, with two alkaline baths a week, she became completely cured, none of the above named causes being capable of producing a return of the swelling.

NITRO-GLYCERINE IN HICCOUGH.—Dr. O. T. Schultz (American Practitioner) reports a case of obstinate hiccough which persisted for ten days, notwithstanding the employment of morphia, atropia, chloroform, strychnia, and various minor remedies. Galvanization of the phrenics in the neck and of the epigastric region gave no relief. A heavy induced current to the epigastrium and along the costal attachment of the diaphragm

broke up the spasms after five minutes, and there was complete absence of hiccough for one hour after each sitting, the attacks being less violent and less long in the interval between the *seances*. Improvement, however, did not last long. On the ninth day potassium bromid., gr. xxx, and strychnine, grain one-eightieth, were given every third hour. Only very transient relief was afforded by this combination, the hiccough not being quite so severe for a short time after the prescription had been taken. The next night was almost one constant hiccough, and on the morning of the tenth day the induced current failed to interrupt the attacks. One drop of the one per cent. solution of nitro-glycerine was then ordered to be taken every hour. The hiccough at once became less frequent and distressing, and ceased entirely within a half hour after the administration of the second dose.

Application of Corrosive Sublimate and Glycerine in Epithelioma of the Cervix Uteri.—Dr. Biddle (Brit. Med. Journal) states that but few things in the way of palliative treatment have given him greater satisfaction than the use, in a case of epithelioma of the cervix uteri, of a lotion or injection, containing one-fourth of a grain of corrosive sublimate and half an ounce of glycerine to a pint of water. Before using it, a patient of his had for seven or eight months been subject to paroxysms of agonizing pain and to frequent hemorrhages, which were occasionally profuse. Immediately upon its employment, and for the last three months of her life, the hemorrhage became merely nominal; and, instead of agonizing pain, there was simply the distress consequent upon irritation by the tumor of the bowels and bladder, the latter of which became perforated a week before death. He attributes the beneficial change to a very marked reduction in the amount of infiltration. The lotion was used continuously, with very few exceptions, twice a day during the three months, and he shall certainly adopt the same treatment in the next case he has, even before recovery is despaired of. In the case referred to, it was not tried until the curative effects of chromic acid had been tried in vain.—*Weekly Medical Review.*

Small-Pox.—Dr. J. M. Jackson (Mississippi Valley Medical Monthly) says: When called to a case of small-pox I always proceed to vaccinate at once, and at the same time clear out the alimentary canal with saline cathartics as early as practicable. To break down congestion by equalizing the circulation, and at the same time to counteract the much dreaded septicæmia, I administer quinine in five-grain doses, combined with carbolic acid in half-grain doses, to be repeated every four or five hours. Quinine is not only our most effective remedy against congestion, but is one of our best antiseptics.

As soon as the pustules are developed I take a hypodermic syringe and aspirate the lymph or pus, as the case may be, from time to time from the pustules. By this means I prevent the absorption of the greater portion of the pus, and thereby prevent in a great measure the formidable and fatal effects of blood-poisoning, in consequence of which we find the alarming symptoms of depression of the vital powers and secondary fever.

The question comes up, can the duration of small-pox be cut short by this means? I answer, Yes, and materially so. In my practice I am satisfied the duration of the disease has been shortened five or six days, and even during its continuance all the most alarming symptoms have been greatly ameliorated. I at the same time apply a mixture of olive oil and carbolic acid, consisting of ten parts of the former to one of the latter, over the whole pustulated surface. This can be done with a soft swab, or perhaps better with a large feather.

Induction of Premature Labor.—Dr. T. Gaillard Thomas (Physician and Surgeon) says: The method of inducing premature labor which I now invariably adopt is a very simple, and at the same time a perfectly efficient, one. The patient is placed across the bed, with the buttocks resting near the edge, and under is arranged a large piece of rubber or oil-cloth in such a way as to drain into a tub on the floor. In this tub we put one or two gallons of water at a temperature of ninety-eight degrees Fahrenheit. The operator stands between the thighs of the patient, whose knees should be properly supported, and employing a syringe with a long nozzle, which is carried up as far into the cervical canal as it will go, he keeps a steady stream directly against the membranes. In the course of ten minutes the os will be the size of a silver half dollar, and when dilatation to this extent has been accomplished, he is to insert a gum catheter between the membranes and the uterine walls. The patient is then put in bed, rythmical uterine contractions soon follow, and the labor is completed in a few hours.

This operation constitutes one of the greatest advances that have ever been made in the obstetric art, and it is certainly no mean triumph to be able thus to preserve a human life, which, without its aid, would have been inevitably lost. I can point to at least two dozen children in this city who by this means were saved from an untimely fate. When the infant has been delivered before the full term it should not be washed and otherwise treated in the ordinary manner of nurses, but should be carefully wrapped in warm cotton and allowed to remain in it, the tempera-

ture of the room in the meanwhile being brought up to nearly one hundred degrees."

QUACK NOSTRUMS.—Of making quack nostrums, as Solomon said of books, there is no end, each day bringing out some new remedy, which, singularly enough, as it is claimed, will take the place and perform the functions of all others which have preceded it. Of course, we do not mean to intimate that all these things are valueless, but, yet, human credulity is so strong that some unscrupulous person, trading on the fears of hypochondriacs or sickly people, only needs, as the late lamented Mr. Spoopendyke would have said, a bunch of weeds and a gallon of water to be a wholesale drug store. Among the things which appeal most strongly to this weakness are bitters. The very name is in their favor. The mode of life of the average American is of such a character that he is constantly in need of a tonic. He is rushed at his business, swallows his meals hastily and without any thought as to the capacity of his stomach for digestion, takes little rest and necessarily feels hipped, is subject to headache, and takes often a gloomy view of things generally. In such cases he resorts to bitters, under the delusion that they will act on the secretions of the stomach and give the system new strength and energy. Men with active brains, whose professions compel them to lead sedentary lives also long for a tonic. They may be opposed to the use of what are popularly called stimulants, meaning fermented liquors, and so they lay the flattering unction to their souls that a wineglassful of some bitter decoction will steady their nerves, supply their brains with gray matter and exhilarate them without after-depressing. A little thought would show them under what a fallacy they are laboring. The writer recently purchased samples of four of the most widely advertised bitters in the market, and the simple chemical analyses to which they were subjected showed that they contained about thirty per cent. (the amount the government allows) of the most poisonous and adulterated alcohol, and that the residuum consisted of various foreign substances, which were simply added as flavoring extracts to disguise the taste of the original compound. The poorer the grade of the alcohol the more vicious is the compound. The value which such so-called bitters are supposed to have, is of a purely fictitious character. In fact, in time they irritate and injure the delicate membrane of the stomach, and so vitiate the taste, that the palate soon cannot distinguish between good and bad. It is neither a natural nor a healthy excitement which is produced by these so-called aids to digestion, and the wonder is that the sensible people, who know a little at least as to the operation of natural laws, should allow themselves to be so misled as to what the system really needs. These decoctions are consumed principally by the debilitated, the convalescent, the depressed, and particularly by aged people and weak women, and others to whom a stimulant is indispensable. Now, while alcohol, especially in the form of whiskey, is acknowledged to be the best known stimulant, and is prescribed and used for this purpose by physicians everywhere, we cannot conceive why people will insist upon taking this whiskey in the form of a decoction, the compounding of which they know nothing, and which, as shown by analysis, contains poisons of the most deadly kind. It would be far better for them to come out boldly and use the pure article, something made from malt, which combines both food and stimulative qualities.

THE EXECUTIVE COMMITTEE OF THE NINTH INTERNATIONAL CONGRESS.—The first meeting of this committee, consisting of the General Officers of the Preliminary Organization of the Congress and the Presidents of the Sections, was held in New York, September 24, 1885. More than a quorum of the members of the committee were present, consisting of the President, Professor Austin Flint; Treasurer, E. S. F. Arnold, M.D., M.R.C.S.; Chairman of the Finance Committee, Professor Frederick S. Dennis; President of the Section of General Medicine, Professor Abram B. Arnold; President of the Section of General Surgery, Professor William T. Briggs; President of the Section of Military and Naval Medicine and Surgery, Professor Henry H. Smith; President of the Section of Diseases of Children, Professor J. Lewis Smith; President of the Section of Anatomy, Professor William H. Pancoast; President of the Section of Collective Investigation, Vital Statistics, and Climatology, Henry O. Marcy, A.M., M.D.; President of the Section of Dermatology and Syphills, Professor A. R. Robinson.

The committee was organized by the election of Henry H. Smith, of Philadelphia, as chairman, and Frederick S. Dennis, of New York, as secretary *pro tem.* After a free interchange of views, Frederick S. Dennis was appointed Associate Secretary-General, and Dr. R. J. Dunglison was appointed Chairman of the Finance Committee. The President, the Secretary-General, and the Associate Secretary-General were instructed to issue a circular announcing the Preliminary Organization of the Congress and the rules adopted for its membership and government. To prevent all further misunderstanding, both at home and abroad, the Committee unanimously adopted the following resolution:

Resolved, That this Executive Committee enters upon the management of the affairs of the Ninth International Medical Congress, with the understanding that, in accordance with Rule No.

10, its powers are not restricted except by the rules and regulations adopted Sept. 3, 1885, by the Committee of Arrangements appointed by the American Medical Association in April, 1885; and that the actions of this Executive Committee are final, not being subject to revision, amendment, or alteration, by either the Committee of Arrangements or the American Medical Association.

The Rule 10, alluded to in this resolution, is as follows:—

"10. The President of the Congress, the Secretary-General, the Treasurer, the Chairman of the Finance Committee, and the Presidents of the Sections shall together constitute an Executive Committee of the Congress, which committee shall direct the business of the Congress, shall authorize all expenditures for the immediate purposes of the Congress, shall supervise and audit the accounts of the Treasurer, and shall fill all vacancies in the offices of the Congress and of the Sections. This Committee shall have power to add to its membership, but the total number of members shall not exceed thirty. A number equal to one-third of the members of the Committee shall constitute a quorum for the transaction of businesss."

The proceedings of the Committee were characterized by entire harmony and a commendable zeal in pushing forward the proper preparations for the Congress.—*Jour. Am. Med. Association.*

BOOK REVIEWS.

Seventh Annual Report of the State Board of Health of the State of Rhode Island, for the Year 1884. Compiled by CHARLES H. FISHER, M.D., Secretary, Providence, R. I.

This volume contains a carefully prepared report of the births, marriages, and deaths in Rhode Island during the year 1884, and several valuable papers on sanitary matters.

Renal and Urinary Affections. By W. HOMSHIP DICKINSON, M.D., F.R.C.P., etc. New York: William Wood & Co., 1885.

This interesting work is the August number of Wood's Standard Library. It is written by a physician of wide experience and acknowledged reputation, and contains much new and valuable matter in reference to the treatment of renal and urinary diseases.

Tracts on Massage No. 2. The Physiological Effects of Massage. Translated from the German of RIEBMAYER, with Notes. By BENJAMIN LEE, A.M., M.D. Published by Benjamin Lee, A.M., M.D., Philadelphia.

This valuable pamphlet presents a summary of the physiological effects of massage on the circulation, secretion, and excretion, and on the general nervous system. It is written in an attractive style, and contains a large amount of valuable information.

Erythroxolon Coca; Its Preparations and Their Medicinal Applications. Philadelphia: William R. Warner & Co., 1885.

Erythroxolon coca and its alkaloid cocaine occupy such an important place in the therapeutic armamentarium that every physician should become thoroughly familiar with their varied uses and capabilities. This elaborate monograph contains an admirable description of the plant and its preparations with a complete synopsis of their medical properties.

Poisons; Their Effects and Detection; A Manual for the Use of Analytical Chemists and Experts. By ALEXANDER WYNTER BLYTH, M.R.C.S., F.S., etc. Volume II. New York: William Wood & Co., 1885.

This is the introductory volume of Dr. Blyth's excellent work on Poisons, and has been issued as the July number of Wood's Standard Library. It is encyclopædic in character, including treatment as well as diagnosis and symptomatology, and will well repay the time spent in reading and re-reading it.

The Wasting Diseases of Infants and Children. By EUSTACE SMITH, M.D. Fourth edition. New York: William Wood & Co., 1885.

The fourth edition of this well-known work constitutes the April number of Wood's Standard Library. The success which attended the rapid sale of the three preceding editions is a sufficient proof of its value. The text of the present issue has been thoroughly revised, and much additional matter introduced into its pages. Care has been taken, however, to maintain its thoroughly practical character, so that it may still be depended upon as a trustworthy guide in the treatment of the chronic diseases of infantile life.

The Oleates; An Investigation into their Nature and Action. By JOHN V. SHOEMAKER, A.M, M.D., Lecturer on Dermatology at the Jefferson Medical College; Physician to the Philadelphia Hospital for Skin Diseases, etc. Philadelphia: F. A. Davis, Atty., 1885.

This little volume contains a *résumé* of all that has been hitherto written about the oleates and their uses, as well as an account of some more recent investigations of their action. The therapeutic employment of this class of medicinal agents is only in its infancy as yet, but the results which have been obtained justify the belief that they will eventually occupy an important place in the treatment of all cutaneous diseases.

Berlin as a Medical Centre; A Guide for American Practitioners and Students. By HORATIO R. BIGELOW, M.D. New England Publishing Company, Sandy Hook, Conn., 1885.

We can cheerfully commend this little book to any one who proposes to visit Berlin. It is well known that the advantages for observation and study presented by the medical schools of that

city are superior to those of any other in Europe. A stranger, however, is necessarily compelled to lose more or less time during the first month in finding out how to use all the opportunities that may be presented to him. Much, if not all, of this loss may be avoided by a previous perusal of Dr. Bigelow's book.

Transactions of the Louisiana State Medical Society at its Seventh Annual Session, held in New Orleans, April 21st, 22d, and 23d, 1885. Compiled by P. B. McCUTCHEON, M.D., Secretary, New Orleans, La.

This interesting volume is an evidence of the activity and prosperity of the Louisiana State Medical Society. It contains the President's Address, by Dr. R. H. Day; the Annual Oration, by Mr. W. H. Goodale, and the following valuable papers: The Relationship of the Teeth to the General System, by Andrew G. Friederichs, M.D.; The Long-Continued Fevers of Louisiana that Resist Quinine, by Dr. Rudolph Matas; Chloroform, by Dr. M. Schuppert; and Hemorrhagic Malarial Fevers, by Dr. I. J. Newton, Jr.

List of Tests: Arranged in Alphabetical Order, according to the Names of the Originators. By HANS M. WILDER. New York: P. W. Bedford, 1885.

This unique little book contains 870 chemical tests, arranged alphabetically, according to the names of those by whom they were first proposed, and indexed under the names of the substances to be sought for or tested. No book like it has yet been issued either in this or any other country. It is invaluable to the physician as well as to the chemist and pharmacist. No private library could furnish all the information that it contains, and even many public libraries could be searched in vain for the works of reference from which its contents have been compiled.

Applied Medical Chemistry; A Manual for Students and Practitioners of Medicine. By LAWRENCE WOLFF, M.D., Demonstrator of Chemistry, Jefferson Medical College, etc. Philadelphia: P. Blakiston, Son & Co., 1885.

This is a practical treatise of medical chemistry for the use of medical men. It is not filled like the ordinary text-books with a mass of material which, while essential to the general chemist, is utterly irrelevant to the practice of medicine, but it contains a complete description of the various tests, analyses, and other processes with which the physician should be familiar. It will, therefore, be found valuable, not only to the student when preparing for examination, but also to the busy practitioner as a work of reference.

Clinical Studies on Diseases of the Eye. By DR. FERDINAND RITTER VON ARLT, Professor of Ophthalmology in Vienna. Translated by LYMAN WARE, M.D., Surgeon to the Illinois Charitable Eye and Ear Infirmary, etc. Philadelphia: P. Blakiston, Son & Co., 1885.

This is one of the most valuable of opthalmological text-books. It is thoroughly practical in character and embraces the essence of almost fifty years of ophthalmological practice in a city where material is probably more abundant than in any other in the world. The remedies and operative procedures which the author has found useful during that time are considered in detail. Much stress is also laid upon the necessity of carefully reflecting upon each morbid process in order to ascertain its cause. To determine this is no less important than to find out what region and how much of the optic structures are invaded by the disease.

The Technology of Bacteria Investigation. By CHARLES S. DOLLEY, M.D. Boston: S. E. Cassino & Co., 1885.

This volume contains a description of the different forms of bacteria which have been discovered in the tissues and pathological products of those suffering from various diseases. The author does not maintain that these minute organisms are always the cause of the degenerative or inflammatory process with which they are found associated. At times their presence is probably purely accidental. Continued observation, and an accumulation of facts will be necessary before their position in the genesis of disease can be definitely determined. Investigations in this branch of scientific inquiry have heretofore been principally conducted by our European brethren, but the publication of Dr. Dolley's valuable work will mark the beginning of a new era in this respect.

Kirke's Hand-Book of Physiology. Edited by W. MORRANT BAKER, F.R.C.S., and VINCENT DORMER HARRIS, M.D. Eleventh edition, with nearly 500 Illustrations. Vol. II. New York: William Wood & Co., 1885.

This second and concluding volume of Kirke's Physiology has been issued as the March number of Wood's Standard Library. It contains chapters on the Vascular Glands; The Causes and Phenomena of Motion; The Voice and Speech; The Income and Expenditure of the Human Body; The Nervous System; The Senses of Touch, Taste, Smell, Hearing, and Sight; Generation and Development; The Relation of Life to Other Forces. The appendix contains an interesting article on the Chemical Basis of the Human Body, and a number of valuable tables exhibiting the specific gravity of the fluids of the body, the size and weight of the various organs, and the sizes of the different histological elements.

Urinary and Renal Derangements and Calculous Disorders. By LIONEL S. BEALE, M.D., Fellow of the Royal Society and of the Royal College of Physicians, etc. Philadelphia: P. Blakiston, Son & Co., 1885.

This is one of the most interesting and instructive treatises on diseases of the urinary system that has yet been written. The author has not attempted to enumerate all the remedial measures which have been suggested in this troublesome class of affections during the last thirty years, but has endeavored to direct attention to the general principles which should be kept in

view in the treatment of the various departures from the healthy state. The remedies recommended by him for each affection are consequently few in number, but they are such as have been found beneficial in an extensive private and hospital practice of almost a third of a century, and will commend themselves to the readers of the work as worthy of confidence.

Transactions of the Medical Society of the State of West Virginia, Eighteenth Annual Session, held in Weston, May 20th and 21st, 1885. Compiled by Dr. SAMUEL L. JEPSON, Secretary, Wheeling, W. Va.

This valuable publication contains the Annual Address, by the President, Dr. George Baird, of Wheeling, and the following instructive papers: The Errors of Refraction, by Dr. John L. Dickey, of Wheeling; A Few Thoughts on Blood-letting, and the Use of the Forceps in Labor, by Dr. John Frissell, of Wheeling; Carbolized Cat-Gut Ligature in Divided Tendons, by Dr. Fleming Howell, of Clarksburg; Operations in Malignant Disease, by Dr. D. Porter Morgan, of Clarksburg; Mens Sana in Corpora Sano, by Dr. T. A. Harris, of Parkersburg; Paraldehyde as a Hypnotic, by Dr. C. C. Hersman, of Weston; Signs of Impending Death, by Dr. T. A. Evans, of Nuttallsburg; and a Report on Vaccination, by Dr. R. S. Henry, of Charleston.

Handbook of Diseases of the Skin. Edited by H. VON ZIEMSSEN, M.D., Professor of Clinical Medicine in Munich, editor of Ziemssen's Cyclopædia of the Practice of Medicine. Illustrated with eighty wood engravings and color prints. New York: William Wood & Co.

This magnificent volume is issued by Messrs. William Wood & Co., as a gift to the subscribers to Ziemssen's Encyclopædia of the Practice of Medicine, of which it was intended to be the completing volume. It has been prepared by Dr. Von Ziemssen, assisted by a corps of collaborators, composed of eleven of the most distinguished German and Austrian dermatologists. Its title does not do justice to it, however. It is an encyclopædia, and not a hand-book. The subjects are treated in the thorough and exhaustive manner characteristic of the modern German school. Every chapter is a book in itself, and leaves nothing more to be said or learned in reference to its contents. We trust that the publishers will issue a separate edition of this volume, and place it on sale, so that those who did not subscribe to the former series may have the privilege of purchasing the present volume.

Moisture and Dryness; Or, The Analysis of Atmospheric Humidities in the United States. An essay read before the American Climatological Association. By CHARLES DENISON, A.M., M.D., Professor of Diseases of the Chest and of Climatology, University of Denver; author of Rocky Mountain Health Resorts, etc. Chicago: Jansen, McClurg & Co., 1885.

This elaborate monograph contains a series of carefully prepared maps and tables showing the relative absolute humidity of the atmosphere in twenty-five dry and twenty-five moist localities, selected from one hundred and thirty-six United States signal-service stations, and the average temperature in all the signal-service stations arranged according to the dryness of their atmosphere. The author insists that this latter factor is the most important one to be considered in the climatic treatment of phthisis. Equability of temperature is of minor importance, and must frequently be avoided, as it is inevitably associated with a large amount of atmospheric humidity.

A Treatise on Epidemic Cholera and Allied Diseases. By A. B. PALMER, M.D., LL.D., Professor of Pathology, Practice of Medicine and Clinical Medicine in the College of Medicine and Surgery in the University of Michigan; author of a work on the Science and Practice of Medicine, etc. Ann Arbor, Mich.: Register Publishing House, 1885.

This valuable work presents a summary of all that is known of the etiology, pathology, prognosis, and therapeutics of Asiatic cholera. It contains not only the results of the recent investigations of Koch, Klein, Emmerich, but also an admirable *résumé* of the observations and opinions of various eminent practitioners, who encountered the disease at its home in Asia, and during its migrations over Europe and America. It also contains a brief but excellent account of the causes and treatment of cholera morbus and cholera infantum. Dr. Palmer firmly believes that these two maladies, which visit us every year, are closely allied to the dread scourge of the Orient, differing from it only in degree and not in kind.

A Manual of Practical Hygiene. By EDMUND PARKER, M.D., F.R.S. Edited by F. S. B. FRANCOIS DE CHAUMONT, M.D., F.R.S. From the last London edition, with an Appendix giving the American Practice in matters relating to Hygiene. By FREDERICK N. OWEN, Civil and Sanitary Engineer. Two volumes in one. New York: Wm. Wood & Co.

This elaborate volume is almost encyclopædic in character. It contains chapters on Water, Air, Ventilation, Examination of Air, Food, Quality, Choice and Cooking of Food, Beverages and Condiments, Soils, Habitations, Removal of Excreta, Warming of Houses, Exercise, Clothing, Climate, Meteorology, Individual Hygiene, Disposal of the Dead, the Prevention of some Common Diseases, Disinfection and Deodorization, Vital Statistics, and an exhaustive series of articles on Military Hygiene. It presents an amount of information which cannot be found in any other single publication, and which will be of inestimable value to the practitioner of medicine. A physician's duty is not only to cure disease, but to endeavor to prevent its growth and development, but this cannot be done without such a comprehensive knowledge of the laws and principles of hygiene as may be obtained by a perusal of this valuable manual.

Second Report of the State Board of Health of the State of Tennessee. Compiled by J. BERRIEN LINDSLEY, M.D., Secretary, Nashville, Tenn.

This interesting volume contains a synopsis of the vital statistics of Tennessee from the year 1880 to 1884 inclusive, and the following interesting papers: Report of Committee on School Hygiene, by Daniel F. Wright, M.D., Clarksville, Tenn.; Vital Statistics, by J. D. Plunket, M.D., Nashville; Report of Committee on Prisons in Tennessee, by P. D. Sims, M.D., Chattanooga; Epidemic, and Contagious Diseases in Tennessee, by G. B. Thornton, M.D., Memphis; Bovine Tuberculosis, a Fruitful Source of Human Disease and Death, by J. D. Plunket, M.D., Nashville; The Natural Divisions of Tennessee in their Relations to Disease, by James M. Safford, M.D., Nashville, Tenn.; The Medical Topography of the Valley of East Tennesse, by S. B. Boyd, M.D., Knoxville, Tenn., and a number of instructive essays prepared for general distribution by the energetic secretary, Dr. J. Berrien Lindsley, Nashville.

Hay Fever and Its Successful Treatment. By CHARLES E. SAJOUS, M.D., Instructor in Rhinology and Laryngology in the Post-Graduate and Spring Courses, Jefferson Medical College, President of the Philadelphia Laryngological Society, etc. Illustrated with thirteen wood engravings. Philadelphia: F. A. Davis, Att'y, Publisher, 1885.

Hay fever, that peculiarly American disease, depends first upon the presence in the atmosphere of an irritating element, consisting of the pollen or the odorous emanations of various plants, and, second, upon a hyperæsthetic condition of the nervous filaments of the nasal mucous membrane. As the first factor in the production of the disease is only present at a certain time each year, the paroxysms can only occur at that time, but if the second factor he removed it is obvious that their recurrence will be permanently prevented. Dr. Sajous has demonstrated that this result can be obtained by cauterizing the hyperæsthetic portions of the nasal mucous membrane with either the galvano-cautery or a strong acid. The large number of cases treated successfully in this manner by Dr. Sajous during the last four years fully attest its value, and place it among the important advances in medicine.

The International Encyclopædia of Surgery; A Systematic Treatise on the Theory and Practice of Surgery. By Authors of Various Nations. Edited by JOHN ASHHURST, Jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromolithographs and wood-cuts. In six volumes. Volume V. New York: William Wood & Co., 1884.

This magnificent volume is equal to its predecessors in practical value and typographical finish. It contains the following valuable articles: Injuries of the Head, by Charles B. Nancrede, M.D., Philadelphia; Malformations and Diseases of the Head, by Frederick Treves, F.R.C.S., London; Injuries and Diseases of the Eyes and their Appendages, by Dr. E. Williams, Cincinnati, O; Injuries and Diseases of the Ear, by Dr. Albert H. Buck, New York; Diseases and Injuries of the Nose and its Accessory Sinuses, by Dr. George M. Lefferts, New York; Injuries and Diseases of the Face, Cheeks, and Lips, by Dr. Alfred C. Post, New York; Injuries and Diseases of the Mouth, Fauces, Tongue, Palate, and Jaws, by Christopher Heath, F.R.C.S., London; Surgery of the Teeth and Adjacent Parts, by Dr. Norman W. Kingsley, New York; Injuries and Diseases of the Neck, by Dr. George H. B. Macleod, Glasgow; Injuries and Diseases of the Air-Passages, by Dr. J. Solis-Cohen, Philadelphia; Injuries of the Chest, by Edw. H. Bennett, M.D., F.R.C.S.I., Dublin; Diseases of the Breast, by Thos. Annandale, F.R.C.S., Edinburgh; Injuries and Diseases of the Abdomen, by Henry Morris, M.A., M.B., F.R.C.S., London; and Hernia, by John Wood, F.R.S., F.R.C.S., London. They have all been written by practical surgeons who are recognized as authorities upon the subjects to which they were assigned, and whose knowledge has been derived from long experience as well as from extensive reading. Each article forms a complete treatise in itself, and we can cordially commend them all to our readers as being almost indispensable to every working physician and surgeon.

A Manual of Human Physiology, including Histology and Microscopical Anatomy, with Special Reference to the Requirements of Practical Medicine. By DR. L. LANDOIS, Professor of Physiology, University of Greifswald. Translated from the fourth German edition, with additions by WILLIAM STIRLING, M.D., Sc.D., Regius Professor of Physiology in the University of Aberdeen, with one hundred and seventy-six illustrations. Vol. I. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1885.

The medical profession is to be congratulated upon having obtained a translation of the admirable text-book of Professor Landois upon Human Physiology. The work of translation has been accomplished by Professor Stirling, who has added to this edition a considerable number of facts which make it still more useful to the English student. As this work has had an unusually large sale in Germany, where it has passed through four large editions in as many years, it is more than likely that, with the additions of Professor Stirling, it will be accorded as warm a welcome here, among thoughtful students, as abroad. The success of Landois's work has been largely due to its practical character, for the author has kept in mind constantly, not only the requirements of students, but also the needs of the practical physician.

The first volume treats of the physiology of the blood, the circulation, respiration, digestion, absorption, animal heat, and the metabolic phenomena of the body. Each chapter contains a complete exposition of the most recent and val-

uable acquisitions of physiological science, the entire subject being presented with the accuracy and completeness characteristic of German science. The sections devoted to the histology of the tissues under consideration, are as full and complete as the subject demands. This part of the work represents the latest results of microscopic investigation, and throws clear light upon many heretofore obscure physiological processes. The modern physiological apparatus which is employed in the investigation of physiological problems, and the manner of using it, is briefly but clearly described, and illustrated by well executed diagrams, while the results of the graphic method of study and its value in rendering our knowledge of physiological processes more exact, are apparent and abundantly confirmed in every chapter. The historical *résumé* and appropriate facts of comparative physiology at the end of each chapter lend additional value to the work.

But it is not for the physiological student alone that Professor Landois's book possesses great value, for it has been addressed to the practitioner of medicine as well, who will find here a direct application of physiological to pathological processes. Under appropriate headings will be found a discussion of the abnormal changes of the red and white corpuscles, the phenomena of carbonic dioxide poisoning, pathological states of the blood, pathological disturbances of cardiac action, heart murmurs, transfusion of blood, physiological action of drugs upon the secretions of the alimentary canal, obesity, etc. These are some of the questions here treated which are of the utmost interest to the physician. The author has evidently aimed to prepare a work not only for students but also for medical men, with which they could refresh their memories of normal processes, and at the same time see the direct bearing of physiology to practical medicine.

NEW PUBLICATIONS RECEIVED.

First Annual Report of the New York Cancer Hospital.

Voice in Singers, by Carl H. Von Klein, A.M., M.D., Dayton, Ohio.

Enamelogenous Cysts, by Augustus C. Bernays, A.M., M.D., St. Louis, Mo.

Pemphigus Acutus Contagiosus Adultorum, by Dr. Erik Pontoppidan, Copenhagen.

Memoir of Henry W. Newcomet, M.D., by William T. Taylor, M.D., Philadelphia.

Vitiligo, by R. Harvey Reed, M.D., Mansfield, Ohio. Reprint from the Cincinnati Lancet and Clinic.

The Constitutional Treatment of Caries and Necrosis, by Hal C. Wyman, M.D., Detroit, Mich.

Proceedings of the Twelfth Annual Meeting of the Alumni Association of Albany Medical College.

An Address on Cholera Infantum, by William Perry Watson, A.M., M.D. Reprint from The Archives of Pediatrics.

Shall we Hang the Insane who Commit Homicide? by Clark Bell, Esq. Reprint from the Medico-Legal Journal.

Laryngeal Hemorrhage, by J. W. Gleitsmann, M.D., New York. Reprint from the American Journal of the Medical Sciences.

The Bromide of Ethyl as an Anæsthetic in Labor, by E. E. Montgomery, M.D. Reprint from The American Journal of Obstetrics.

The Public Health Service of Michigan, by John Avery, M.D., Greenville, Michigan, President of the State Board of Health.

Address delivered before the Florida Medical Association, Session of 1885, by the President, John P. Wall, M.D., Tampa, Fla.

Kolpohysterectomy, by Augustus C. Bernays, A.M., M.D., St. Louis, Mo. Reprint from St. Louis Medical and Surgical Journal

Annual Address delivered before the State Medical Society of West Virginia, Session of 1885, by George Baird, M.D., Wheeling, W. Va.

Deviation of the Nasal Septum, by J. W. Gleitsmann, M.D., New York. Reprint from the American Journal of the Medical Sciences.

Endometritis Fungosa; Its Pathology, Diagnosis, and Treatment, by James B. Hunter, M.D., New York. Reprint from Medical Record.

Hints on Indigestion; A brief *résumé* of the Latest Physiological Investigations. Published by the New York Pharmacal Association, New York.

The Physiological Action of Cocaine and of its analogue, Brucine, by Thomas J. Mays, M.D., Philadelphia. Reprint from the Therapeutic Gazette.

Puerperal Septicæmia, by J. B. Murfree, M.D., Murfreesboro,' Tenn. Reprint from Transactions of Medical Society of the State of Tennessee.

The Influence of Sea-Voyaging upon the Genito-Uterine Functions. Read before the New York County Medical Society, by J. A. Irwin, M.D., New York.

A New Bandage for Fixation of the Humerus and Shoulder Girdle, by Charles W. Dulles, M.D., Philadelphia. Reprint from the Medical News.

The External Therapeutics and the Dietetics of Pulmonary Consumption, by Thomas J. Mays, M.D., Philadelphia. Reprint from the Therapeutic Gazette.

A Case of Extensive Recurrent Sarcomatous Disease, by John S. Miller, M.D. Reprint from Proceedings of the Philadelphia County Medical Society.

The Prevention of Opium Addiction, with Special Reference to the Value of Galvanism for Relief of Neuralgic Pain, by J. B. Mattison, M.D. Brooklyn, N. Y.

Success in Life Physiologically Considered. An Oration delivered before the Medical Association of Alabama, by James T. Searcy, M.D., Tuscaloosa, Ala.

A Case of Double Narcotic Addiction; Opium and Alcoholic Imbecility; Recovery. By J. B. Mattison, M.D., Brooklyn, N. Y. Reprint from Canada Lancet.

Surgical Notes from the Case-Book of a General Practitioner, by William C. Wile, M.D., Sandy Hook, Ct. Reprint from the New England Medical Monthly.

Proceedings and Addresses of the Sanitary Conventions, held under the auspices of the Michigan State Board of Health in Hillsdale, East Saginaw, and Lansing.

The Therapeutics of High Temperature in Young Children, by William Perry Watson, A.M., M.D., Jersey City, N. J. Reprint from The Archives of Pediatrics.

The Nature and Treatment of Sporadic and Epidemic Cholera, by Alexander Harkin, M.D., F.R.C.S., Belfast. Reprint from The Dublin Journal of Medical Science.

Observations on Strabismus, by M. F. Coomes, M.D., Professor of Physiology, and Diseases of the Eye, Ear, and Throat, Kentucky School of Medicine, Louisville, Ky.

An Anomalous Human Lung, having four Lobes on the Right Side, by W. A. Edwards, M.D., Philadelphia. Reprint from American Journal of the Medical Sciences.

A New Method in the Treatment of the Alcohol Habit, by William F. Waugh, A.M., M.D., Philadelphia. Extract from Transactions of Pennsylvania State Medical Society.

The Overcrowding of the Profession. An address delivered before the Alumni Association of the Chicago Medical College, by the President, Dr. E. J. Doering, Chicago, Ill.

Tabular Statistics of One Hundred Cases of Urethral Stricture treated by Electrolysis without Relapse, by Robert Newman, M.D. Reprint from New England Medical Monthly.

Address, by Ezra P. Allen, M.D., President of the Medical Society of the State of Pennsylvania. Delivered at Scranton, Pa., May 28, 1885, at the Thirty-sixth Annual Session of the Society.

Insanity; Some of its Preventable Causes. A lecture delivered in the regular course of the Utica Mechanics' Association, by John P. Gray, M.D., LL.D., Superintendent State Lunatic Asylum, Utica, N. Y.

Complete Laceration of the Perineum and Part of the Recto-Vaginal Septum, resulting from Forceps Delivery; Primary Operation complicated with Traumatic Erysipelas, by A. B. Cook, A.M., M.D., Louisville, Ky. Reprint from Gaillard's Medical Journal.

Duty of the State to the Medical Profession. An address delivered before the Medical Alumni Association of the University of Michigan, by Conrad George, M.D., Ann Arbor, Mich. Reprint from The Physician and Surgeon.

Notes of a Case of Infectious so-called Ulcerative Endocarditis, and of a Case of Acute Pericarditis, by John H. Musser, M.D., and George A. Piersol, M.D. Extracted from the Proceedings of the College of Physicians of Philadelphia.

The Great Advances in Surgery and how they have been made. Being the Annual Address before the Academy of Surgery of Philadelphia, delivered January 5, 1885, by John H. Packard, M.D. Reprint from The Medical Times.

Cholera; Its Nature, Symptoms, History, Cause, and Prevention, with an Outline Review of the Germ Theory of Disease. One of the Sommerville Course of Lectures delivered under the auspices of the Natural History Society of Montreal, by J. B. McConnell, M.D., Montreal.

Three Cases of Xeroderma Pigmentosum, Kaposi, or Abrophoderma Pigmentosum, by H. Radcliffe Crocker, M.D., M.R.C.P., Physician to the Skin Department of University College Hospital, London, etc. Reprint from transactions of the Royal Medical and Chirurgical Society.

The Dignity and Importance of the Individual. An Address delivered to the Eighty-Third Graduating Class of the Central High-School, of Philadelphia, by Albert L. Gihon, A.M., M.D., Medical Director U. S. Navy, etc. Printed by order of the Board of Public Education.

An Examination of the Supposed Action exerted by the Antagonism between Acids and Alkalies in Modifying the Tonicity of the Heart and Arteries, by Sidney Ringer, M.D., F.R.C.P., Professor of Medicine in University College, London, and Dudley Buxton, M.D., F.R.C.P., Assistant to the Professor of Medicine in University College, London. Reprint from the Lancet.

Experiments upon the Heart of a Dog, with Reference to the Maximum Volume of Blood sent out by the Left Ventricle in a Single Beat, and the Influence of Variations in Venous Pressure, Arterial Pressure, and the Pulse-rate upon the work done by the Heart, by William H. Howell, B.A., Fellow of the John Hopkins University, Baltimore, and F. Donaldson, Jr., B.A. Reprint from Philosophical Transactions of the Royal Society.

OUR ADVERTISERS.

I HAVE prescribed Celerina for impotency, and it has done *all* and more than all other remedies. I confidently recommend it to the profession. W. M. REED, M.D.

AGOSTA, OHIO.

DR. GEORGE P. YOST, Glen Rock, Pa., says, "I must say that Hofman's Pelvic Pessaries give me universal satisfaction, more so than any others I have used. I have used them in nearly all the different flexions and versions of the uterus with good effect in every case. Such also is the opinion of other physicians who have used them. One case is so striking that I must give it to you. A lady from a distance, who had been treated by a noted specialist for *ante-version*, and who had worn Thomas's ante-version pessary for several months, until it produced so much ovarian irritation that she was confined to the house and in the recumbent position, with convulsions two and three times a week. When she came under my care, was not only relieved of her convulsions, but was enabled to be out on the street in a week after wearing one of your pessaries.".

ANGLO-SWISS MILK FOOD.—We beg leave to call the attention of physicians to the advertisement of the Anglo-Swiss Milk Food for Infants. The Anglo-Swiss Milk Food is intended to take the place of condensed milk, whenever the use of it has been partially or fully discontinued, say from the age of four months. The superiority claimed for this food over any other *farinaceous* food is that the former is so prepared that when gradually heated with water, according to the directions for use, the starch contained in the materials used, and which in its individual character is highly detrimental to digestion, is converted in a satisfactory degree into soluble and easily-digestible dextrine and sugar. The company do not claim that the starch in this food is wholly converted, but that the comparatively small portion remaining has been so deprived of its individual type as to render it impossible to form a paste from the food by heating it with water. The analysis of the Anglo-Swiss Milk Food contains five to six per cent. of moisture, fourteen to fifteen of nitrogenous matter, fifty-four to fifty-five of carbo-hydrates soluble in water, fifteen to sixteen of carbo-hydrates insoluble in water, five to six of fat, and two to two-and-one fifth of ash.

A MEDICINE CHEST FOR STUDENTS.—Students of the various branches of the natural sciences soon find, as they progress in their particular study, that book knowledge alone is insufficient, and is only to be considered as a guide to the practical knowledge which is to be acquired by actual experiments.

To the student of pharmacy, especially, actual handling and examining of the various substances included in the Pharmacopœia are an absolute necessity. It is important therefore that the student, especially if he pursues his studies at home, should provide himself at the outset with a large collection of drugs, so as to be able to experiment and to acquire the skill in identifying and compounding various substances, which will be required of him later on in actual practice. Unfortunately, a stock of drugs is costly, bulky, and dangerous to leave where ignorant persons can have access to it. Besides, many substances which are absolutely necessary to the student cannot be obtained from ordinary drug stores. It is, moreover, important that all the drugs used should be perfectly pure and of good quality.

In order to supply this necessity, Messrs. Parke, Davis & Co., the well-known Detroit pharmacists, have announced their intention of furnishing students a handsome black walnut case, containing no less than 288 specimens of crude drugs of vegetable origin, at the incredibly low price of ten dollars, provided that they receive at least fifty orders for the same, such a number being necessary to enable them to supply this valuable collection without actual loss to themselves. We feel confident, however, that as soon as this offer becomes known orders from all parts of the country will begin to pour in on these public-spirited manufacturers. Besides an upper tray, the case contains two drawers, and the specimens are put up in neatly turned wooden boxes, marked only with a number, which corresponds to a list furnished with the case, so that the students may acquire practice in identifying the various drugs at sight, without depending on a label. The collection is an excellent one, and cannot fail to be most useful not only to students, but to physicians and others. Its price is so low that every student of pharmacy or medicine in the land ought to be provided with one. It would undoubtedly be acceptable to many young men as a holiday present.—*Exchange.*